Quality Programme Exemptions Request Form

This form should be completed by the practice and submitted to the [Quality Programmes Principal Advisor](mailto:heidi.bubendorfer@rnzcgp.org.nz).

The request will be reviewed and the practice notified of the decision. If the request has been approved, the practice uploads the approved exemption form to Foundation Standard Smartsheet and informs their assessor and PHO (if applicable).

Furthermore, once the required evidence has been obtained by the practice, for example, an approved fire evacuation scheme, please upload this to SmartSheet and email to the [Quality Programmes Principal Advisor](mailto:heidi.bubendorfer@rnzcgp.org.nz).

**NB: If no evidence has been submitted by email to the Quality team prior to expiry of the exemption, this will be followed up by the College**.

Please complete all fields

|  |  |
| --- | --- |
| **Practice contact details** | |
| Practice name |  |
| Practice contact name |  |
| Title/ designation |  |
| Practice contact email |  |
| Practice contact phone |  |
| Practice address |  |
| PHO name |  |
| Assessor name (if applicable) |  |
| **Exemption request details** | |
| Quality programme | * Foundation Standard * Cornerstone Module   Please specify which module: |
| Indicator and criteria e.g., 2.3 |  |
| Date of Request |  |
| Building Ownership  (if request relates to the building) | * Not building owner * Practice owned * Leased from related party * Leased from external unrelated party |
| Reason for exemption request  Please include supporting evidence if available, for example evidence of training booking, fire evacuation application. |  |
| Action plan or steps taken to meet criteria |  |
| Duration of exemption requested |  |

Name and designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Exemption Decision - For College use only** | | | |
| **Practice name:** | | | |
| **Indicator:**  **Criterion:** | | | |
| Date Received: | | Date Acknowledged: | Assigned to: Principal Quality Programmes Advisor |
| 🞏 Additional evidence provided  🞏 Additional information requested from the practice or PHO  🞏 Received additional information  Date received: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| College Decision | 🞏 Approved for exemption based on the evidence provided  Date approved: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Exemption expires: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| 🞏 Request declined  Date declined: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Decline reasoning: | | |
| Signature of authoriser |  | | |
| **Notification of decision** | | | |
| Notified: | | Date decision notified: | |
| 🞏 Practice contact | |  | |
| 🞏 PHO contact | |  | |
| 🞏 Assessor/s | |  | |
| 🞏 Record added to practice file in iMIS | | | |