

# APPLICATION FORM: GP RE-ENTRY PROGRAM



PERSONAL INFORMATION		
Where did you first hear about this program?	<input type="checkbox"/> Sydney Morning Herald <input type="checkbox"/> Website <input type="checkbox"/> GP Divisional Newsletter <input type="checkbox"/> Other (please specify)	
Name:		
Postal Address:		
Practice Location:		
(if different from above)		
E-Mail Address:		
Phone: (02)	Mobile:	Fax: (02)
Male / Female (please circle)	Date of Birth:	Country of Birth:

QUALIFICATIONS			
University of Graduation			
Qualification			
Final Year			
Post graduate/other qualifications			
PROFESSIONAL DETAILS			
Date of first registration		RACGP QA No. (if known)	
State of Registration		Date of first Vocational Registration	
Current Registration Number (if known)		Medicare Provider No; (if known)	
Are you currently in general practice	Yes / No (please circle)	How many years of general practice experience do you have?	
Do you hold Fellowship of the RACGP?	Yes / No (please circle)	Please ensure that your previous work experience in general practice is outlined as part of your CV.	

## DECLARATION

I declare that the information provided by me in connection with this application is true and correct. I recognise that it is my responsibility to provide all necessary documentation, according to the specifications outlined in the Program Information. I acknowledge that SIGPET reserves the right to vary or reverse any decision regarding enrolment made on the basis of incorrect or incomplete information, or if I do not have general/full medical registration in the State or Territory in which I have accepted a place at the time of commencement of training.

Signature

Date

## CHECKLIST

Please ensure that you have attached the following:

- Copy of proof of identity (ie. Passport/Driver's Licence/Birth Certificate)
- Copy of letter from HIC regarding previously held vocational registration
- Original or certified copy of medical degree
- Copy of State Registration or application for Registration
- Current curriculum vitae

**Please return all documents to:**

**SIGPET  
27 Booth Street  
BALMAIN NSW 2041  
Tel 02 9818 4433 Fax 02 9818 3311**

**Applications can not be considered unless complete documentation is submitted to SIGPET.**

**Applications Close: Friday 25<sup>th</sup> July 2008**