

PERSONAL INFORMATION

Where did you first hear about this program?	<input type="checkbox"/> Sydney Morning Herald <input type="checkbox"/> Local Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other (please specify)		
Name:			
Postal Address:			
Suburb:			P/Code
E-Mail Address:			
Home Ph: ()	Mobile:	Fax: ()	
Male / Female (please circle)	Date of Birth:	Country of Birth:	

QUALIFICATIONS

University of Graduation	
Qualification	
Final Year	
Post graduate/other qualifications	

PROFESSIONAL DETAILS

Date and State of first registration		RACGP QA No. (if known)	
Has your registration ever been restricted?	Yes / No (please circle)	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 GP experience do you have?	
Do you hold Fellowship of the RACGP?	Yes / No (please circle)	Please ensure that your previous work experience in GP 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 GP Synergy 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 DO NOT ENCLOSE ANY PAYMENT WITH YOUR APPLICATION AS PARTICIPANTS WILL BE INVOICED ON ACCEPTANCE.

Please return all documents to:

**GP RE-ENTRY PROGRAM
GP Synergy
37 Booth Street
BALMAIN NSW 2041
Tel 02 9818 4433 Fax 02 9818 3311**

Applications can not be considered unless complete documentation is submitted to GP Synergy.

Applications close:
Monday 16 February 2009