



Australian Government
Department of Health

More Doctors for Outer Metropolitan Areas Measure

**Outer Metropolitan Other Medical Practitioners Relocation Incentive Programme
Application Form**

Application for Retention Component

Important Notice

This form must be completed if you wish to apply for the Retention Component of the Outer Metropolitan Other Medical Practitioners Programme of the More Doctors for Outer Metropolitan Areas Measure.

The [grant information package](#) can be found at:

(www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-omompp)

For advice on the RIG or assistance with this application, please call the Outer Metro Hotline on 1800 727 899.

Completed applications may be sent to:

The Delegate
More Doctors for Outer Metropolitan Areas Measure
MDP 152 GPO Box 9848
CANBERRA ACT 2601

Email: OMPs@health.gov.au All applications will be acknowledged.

Please note: Medicare provider number information supplied on this form will be checked to validate your eligibility for the RIG.

Please answer each question and tick the boxes where appropriate.

Part 1 PERSONAL INFORMATION

Family name:

First names:

Postal address:

Contact Details

Please indicate preferred method of contact by ticking the corresponding box

Daytime phone number:

Mobile phone number:

Fax number:

Email address:

Provider Number Information

Medicare provider number/s:

When did you gain your unconditional (general) medical registration in Australia?

Date:

Are there any conditions on your medical registration?

No Yes

Are there any restrictions on the use of your Medicare provider number?

(This includes restrictions under sections 19AA and 19AB of the *Health Insurance Act 1973*)

No Yes

No.1 practice location

Practice name:

Street number:

Street name:

Suburb:

State:

Postcode:

No. 2 practice location

Practice name:

Street number:

Street name:

Suburb:

State:

Postcode:

Please attach the practice addresses for any additional practices.

Additional Qualifications:

Part 2 RACGP FELLOWSHIP

PATHWAY TO FELLOWSHIP (FRACGP) CONDITIONS

It is a requirement of the retention component of the Programme that a participating medical practitioner be either enrolled in a course based pathway leading to Fellowship or enrolled in assessment for Fellowship.

In line with this, the Delegate will require upon application written evidence of enrolment as follows:

- enrolment in any other course based pathway recognised by the RACGP;
- enrolment in assessment for Fellowship encompassing assessment by examination or practice based assessment.

Documents Attached

No

Yes

Expected completion date of Fellowship

Comments: Use this space to provide additional information on completing a pathway to Fellowship of the RACGP, as required in the Programme Guidelines.

Part 3 DECLARATION AND CONSENT OF INFORMATION

Privacy Note

The information provided by you on this form will be used to assess your eligibility to participate in the Outer Metropolitan Relocation Incentive Grant Programme. Where appropriate, and in order to ensure correct administration of the Programme, information may be exchanged between the Department and Medicare Australia for the purposes of administering, monitoring, reviewing and evaluating the Programme.

Applicants should note that part of the Programme's administration process is to publicise the suburb and postcode to which the doctor is relocating on the Department's website. No personal information will be disclosed. Any information you have supplied to Medicare Australia and/or the Department of Health in connection with your application for the Programme will be dealt with in accordance with the provisions of the Privacy Act 1988, and in particular, the Information Privacy Principles set out in section 14 of that Act.

Declaration

I declare that the information I have supplied in this form is true and correct. I consent to the release of information by Medicare Australia to the Department of Health, or vice versa, for the purposes of administering, monitoring, reviewing and evaluating the Programme. I understand that part of the administration process is to publicise the suburb and postcode to which I am relocating on the Department's website.

Signature

Date

I understand that there are penalties for supplying false or misleading information regarding provider numbers and practice locations.

Consent for use of personal information for marketing and promotional purposes

Occasionally, the Department may require doctors' personal information for the purpose of marketing and promoting the Programme. The information required for these activities are generally the doctor's name and the name and address of the practice to which the doctor is relocating. In addition, the doctors' contact phone number and email address may be provided to the body conducting the promotion so that they may make direct contact (i.e. not for public dissemination). Doctors' Medicare provider numbers will not be included with this information. In accordance with the provisions of the Privacy Act 1988, the Department will only disclose this information with the doctor's consent.

Please indicate your consent below by ticking the appropriate box:

I consent to the disclosure of my personal information for the purpose of marketing and promoting the More Doctors for Outer Metropolitan Areas Measure. I understand that by providing my consent, I may be contacted by a representative from the Department of Health or a promotional organisation to participate in publicity campaigns for the More Doctors for Outer Metropolitan Areas Measure.

Yes

No

Signature

Date