



APPLICATION FORM

FRNZCGP by reciprocity for holders of the FRACGP qualification

Before completing this form, please read the **current Fellowship Pathway Regulations**.

If you are uncertain about any aspect of this application, please contact The Royal New Zealand College of General Practitioners on +64 4 496 5999 or email iaa@rnzcgp.org.nz.

Email your completed application and supporting documents to the **International Admissions Advisor** (iaa@rnzcgp.org.nz).

1. Personal details – please provide name as registered with the Medical Council of New Zealand (MCNZ)

Title: Surname: First names:

Prefer to be known as (if different from first name):

Gender (e.g. male, female, non-binary). I identify as: (fill in the blank)
or: I prefer not to disclose

Date of birth: / /

Preferred email address (individual):

Home address:

City: Postcode:

Home phone: () Mobile:

Current practice name:

Practice address:

City: Postcode:

Work phone: ()

I work: Full time Part time (Please see [membership fees](#))

Preferred mailing address: Home Practice

To which ethnic group(s) do you belong?

New Zealand European Māori Please state iwi:

Other European Please state rohe (iwi area):

Samoan Cook Island Māori Tongan Niuean

Tokelauan Fijian Other Pacific Peoples

Southeast Asian Chinese Indian Other Asian

Middle Eastern Latin American African

Other – please specify:

2. Medical registration – New Zealand

Date of registration in New Zealand: MCNZ reg. no:

Type of registration:

Provisional General Vocational Other – please specify:

Date included on the vocational register (in the scope of general practice):

3. Medical registration – Australia

Date of registration in Australia: AHPRA reg. no:

Type of registration:

Specialist Other – please specify:

4. Academic background (please provide certified* copies of overseas qualifications with your application)

Primary medical qualification:

Year awarded:

Qualification:

University/College:

Country:

Other medical qualification:

Year awarded:

Qualification:

University/College:

Country:

5. Employment

State your current positions or appointments and indicate how your time is divided between each
(in tenths of a working week to a maximum of 10 tenths)

Employer	Tenths per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Resuscitation skills

Evidence	Date completed
<input type="checkbox"/> I have enclosed a certificate that meets the requirements for achieving Fellowship as per the current Fellowship Pathway Regulations section 2.2.	<input type="text"/>

* Must be certified by a Fellow of the College or a Justice of the Peace

7. Cultural competency orientation (please provide a copy of your certificate(s) with your application)

Please identify all cultural competency activities undertaken while in New Zealand.

Activity: Mihi 501 Health Professionals Course: Application of the Hui Process / Meihana Model to Clinical Practice

Provider: University of Otago

Date completed:

Activity: Foundation Course in Cultural Competency (Māori) AND Foundation Course in Māori Healthcare and the Treaty of Waitangi

Provider: Mauriora Health Education Research

Date completed:

University paper (please specify) – College approval is required:

Provider:

Date completed:

Other (please specify) – College approval is required:

Provider:

Date completed:

8. Faculties and Chapters

For support at a local level, all new members of the College are allocated to a regional Faculty. Chapters are optional groups revolving around areas of practice.

Do you wish to be part of the Rural General Practitioners' Chapter?

Yes

No

Do you wish to be part of the Pacific Chapter?

Yes

No

If you are of Māori descent, would you like to join, or learn more about, our Māori representative group Te Akoranga a Māui?

Yes

No

9. Health and professional conduct disclosure

Have you ever been, or are now, affected by a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes

No

(If yes, please attach further documentation to this application)

Have you been the subject of disciplinary procedures, criminal convictions or unresolved complaints in the past or present? Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising certificate suspended, restricted or revoked by the Medical Council of New Zealand?

Yes

No

(If yes, please attach further documentation to this application)

All disclosures received are kept confidential to relevant College staff.

10. Declaration

Please read and then sign this declaration.

- I certify that I am the person who is applying for Fellowship of the College, and that the information I have provided is true and correct.
- By becoming a member of the RNZCGP, I agree to uphold and promote the objects of the College.
- As a member, I agree to abide by the [RNZCGP Rules](#).
- I will keep the RNZCGP informed of any changes of address and other contact information and of changes in my position or employment.
- In submitting this application, I accept liability for the subscription payment once invoiced.
(NOTE: RNZCGP membership is individual, and membership remains with you regardless of your employment or who funds your membership).
- I understand that all outstanding fees and levies must be paid in full should I resign my membership.
(NOTE: Your RNZCGP membership commences on the date your application is accepted and your fees will cover the period until the following 31 March, at which time you will be invoiced for the next year's fees at the rate then applying, unless you formally resign your membership).

Signature of applicant
(or signed electronically)

Date

Checklist of enclosures

Please provide the following documents:

- Original **certified** copy of your FRACGP certificate.
- Confirmation that you hold a current Practising Certificate from the MCNZ and confirmed details regarding your employment in New Zealand.
- A letter from the RACGP confirming:
 - > your current financial and professional good standing.
 - > that you gained FRACGP **by completing the training and assessment programme in Australia** and the date awarded
 - > that you are **up to date with all the requirements** of the RACGP's Quality Improvement and Continuing Professional Development (QI&CPD) programme.
- A copy of your current triennium credit point statement – QI&CPD programme.
- Your certificate of professional status (COPS) from the MCNZ (no older than three months from date of issue). If you are not currently practising in New Zealand, include a COPS (or equivalent) from the last country where you practised.
- Evidence of completing cultural competency training in New Zealand and of training in indigenous health issues.

Please email your completed application form and scanned, certified supporting documents to:

iaa@rnzcgp.org.nz

Thank you for completing this application. You will receive membership information and an invoice for your subscription fees upon acceptance.

Please use the spaces below, if needed, to expand upon any of your answers in this application.
Please remember to indicate the question or section number being referred to.

Question/section:

Additional information:

Question/section:

Additional information: