

# VICTORIAN RURAL GENERALIST PROGRAM

## CONSENT FORM

I, .....<first and last name>, am enrolling in the following Victorian Rural Generalist Program (**VRGP**) .....<name of VRGP training program

I consent to the Department of Health, Victoria, collecting, using, disclosing and storing certain personal information (including sensitive information listed below) about me for the purposes of my participation in the VRGP (as listed in the Notice of Collection) including:

- my first name and last name (which will be made publicly available on the VRGP website);
- my email address and mobile number;
- my date of birth and age;
- my gender;
- whether I live in rural or regional Victoria;
- whether I identify as Aboriginal or Torres Strait Islander;
- whether I or my parents were born in Australia;
- whether I speak a language other than English at home;
- whether I have a culturally diverse background;
- whether I identify as a person with a disability;
- my residency status;
- VRGP enrolment details, Medical Board of Australia Registration Number, Medical Intern Placement Number;
- current and past education;
- qualifications and employment history (along with other information included in their curriculum vitae);
- VRGP Clinical lead feedback in relation to my VRGP training participation;
- My geographical location (tracked over the course of my placement)
- end of training practice location and the rurality of practice location as identified under the Monash Modified Model zones.
- health information (in the event I am applying for special consideration on medical grounds.)

I understand that I may refuse to provide the above personal and sensitive information but that in such a case I may become ineligible to participate in the VRGP.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Witness: \_\_\_\_\_ (signature)

I consent to my dependent's <name> personal information being collected by the Department of Health for the purpose of receiving non -financial educational support through-out the placement or a directly related secondary purpose; or

I understand that if I do not provide my dependent's personal information, they will be ineligible to receive that support; or

Not applicable [no dependents or no support required].

#### Dependant's Details

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Witness: \_\_\_\_\_ (signature)

[VRGP Privacy Statement www.vicruralgeneralist.com.au](http://www.vicruralgeneralist.com.au)