

Victorian Rural Generalist Program

Registration Form

Title First name Surname

Address Suburb State Postcode

D.O.B Phone Email Gender

Graduation Year Degree University

Medical Reg Number Residency Status Have you ever resided in Rural Victoria

Current level of training

Medical Student	<input type="checkbox"/>
Intern	<input type="checkbox"/>
RG1	<input type="checkbox"/>
RG2	<input type="checkbox"/>
PGY2	<input type="checkbox"/>
HMO	<input type="checkbox"/>
RGA	<input type="checkbox"/>
Fellowed GP/ FARGP (RACGP)	<input type="checkbox"/>
ACRRM IP/RG100	<input type="checkbox"/>

Current Employment (if applicable)

Position Facility

Commencement date

Rural Generalist skill(s) of interest

Location(s) of interest

Name of GP College (or intended)

Do you identify as;

Aboriginal

Torres Strait Islander

None of the above

Consent

I,<first and last name>, am registering in the Victorian Rural Generalist Program (VRGP).

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)