

Registration / Application Form

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.O.B	Phone	Email	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduation Year	Degree	University
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Reg Number	Residency Status	Have you ever resided in Rural Victoria
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare Provider Number

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

Please review and complete consent section on the following pages

Consent

I,<first and last name>, am registering for the Victorian Rural Generalist Program (**VRGP**). I understand that the Department of Health, Victoria, may collect, use, disclose and store my information:

- to match doctors to available VRGP training positions at Victorian health services;
- to communicate with doctors, including to provide confirmation of applications, notification of additional information required, confirmation of the information provided, reminders and to make allocation offers;
- to maintain, correct or update our participant records;
- to liaise with supervisors, medical training organisations or colleges where needed;
- to improve our services, in particular our data-base, the VRGP-CRM, through monitoring, quality improvement activities, audits, surveys and program evaluations;
- to undertake training, education and research for the VRGP;
- to provide support services to you and your family, partner or children during the placement such as schooling assistance or community integration;
- to track your geographical location and progress through-out the placement and at the end of your placement;
- to assess an application for special consideration based on a health condition;
- to report, monitor, evaluate, model or forecast for the VRGP to other agencies within the Department, such as to the State-wide Reference Committee, Department of Health, or the Commonwealth Department of Health, and to any external contractors engaged by the Department of Health Victoria to assist it in fulfilling its reporting obligations;
- and as detailed in the [VRGP CRM Privacy Statement](#).

I understand that the information which the Department of Health collects, uses, discloses and stores about me for the above purposes may include:

- 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 my information may be transferred and/or stored safely outside of Victoria.

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

I agree that, in the event my application for a VRGP funded position is unsuccessful at first instance, my name and email may be retained on the VRGP-CRM database for a period of up to 2 years from the date of this consent for the purpose of being contacted by VRGP if a placement subsequently becomes available to me, and otherwise as required by law. **(If you do not check this box, we will not be able to contact you for subsequent placement opportunities.)**

I consent to receiving direct marketing from the Department of Health and the VRGP about:

- improvements or changes to the VRGP-CRM on SIMS
- opportunities being offered through the VRGP-CRM on SIMS, and
- its other projects, activities, services and health system developments.

I consent to my dependent's 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].

Name: _____

Signed: _____

Dated: _____

Name of Witness: _____

Witness: _____ (signature)

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

