

Application for an approved placement under the Remote Vocational Training Scheme - RVTS GP REGISTRAR

Please PRINT all responses

<p style="text-align: center;">GP REGISTRAR DETAILS</p> <p>Surname <input style="width: 90%;" type="text"/></p> <p>First Name <input style="width: 90%;" type="text"/></p> <p>Other Names <input style="width: 90%;" type="text"/></p> <p>Mailing Address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/></p> <p>State: <input style="width: 40%;" type="text"/> Postcode: <input style="width: 40%;" type="text"/></p> <p>Previous provider number (if any) <input style="width: 90%;" type="text"/></p>	<p style="text-align: center;">APPROVED PLACEMENT</p> <p style="background-color: #e0e0e0; padding: 2px;">ATTENTION: PLEASE TAKE NOTE OF THESE DATES AS IT IS THE RESPONSIBILITY OF THE GP REGISTRAR TO SUBMIT A NEW FORM SHOULD THEIR TIME BE EXTENDED.</p> <p>Date From <input style="width: 150px;" type="text"/> Date To <input style="width: 150px;" type="text"/></p> <p>Practice Name & Street Address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/></p> <p>State: <input style="width: 40%;" type="text"/> Postcode: <input style="width: 40%;" type="text"/></p> <p>Telephone number <input style="width: 150px;" type="text"/> Facsimile number <input style="width: 150px;" type="text"/></p> <p>Full time <input type="checkbox"/> Number of hours per week <input style="width: 80px;" type="text"/> Part time <input type="checkbox"/></p>
<p style="text-align: center;">APPROVED TRAINING PRACTICE DETAILS</p> <p>1. Did you commence RVTS training after 1st Jan 1999? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Indicate type of RVTS approved placement (<i>tick appropriate box</i>):</p> <ul style="list-style-type: none"> ◆ RVTS General Practice Terms <input type="checkbox"/> ◆ Eligible special skills training involving GP services <input type="checkbox"/> ◆ Six month extension awaiting results or award of Fellowship <input type="checkbox"/> ◆ Advanced Rural Practice Term (GP component) <input type="checkbox"/> 	<p style="text-align: center;">SUPERVISOR / MENTOR DETAILS</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Provider Number <input style="width: 90%;" type="text"/></p> <p>Signature <input style="width: 70%;" type="text"/> Date <input style="width: 150px;" type="text"/></p>

DECLARATION BY GP REGISTRAR:

I have read and understood the information regarding my responsibilities relating to my access to General Practitioner, Medicare Benefits Schedule (MBS) Group A1 attendance items. I understand that my use of the MBS items is limited to services provided at the approved training practice nominated in this application.

I will notify Medicare Australia if my training attachment at the approved training practice nominated in this application ceases before the advised date. I authorise the RVTS to provide confirmation of the information I have provided Medicare Australia and understand that the RVTS will notify Medicare Australia if I withdraw from the Training Program.

GP Registrar's Signature **Date**

This section to be completed by RVTS Senior Medical Educator (or authorised delegate).

Name Position

Certification:
I certify that the applicant is an enrolled GP Registrar in the RVTS Training Program and that the details regarding the applicant's approved training placement in general practice in this application form are accurate.

Signature Date

Stamp

Important information regarding your placement under the Remote Vocational Training Scheme - RVTS GP Registrars

- This is an application for registration under the Remote Vocational Training Scheme which enables access to the 'general practitioner', Medicare Benefits Schedule (MBS) items including Group A1 attendance items for the period you are in the approved placement nominated in this form. You must apply separately to Medicare Australia for a provider number for this placement.
- Applications must be submitted to RVTS for placement approval prior to the commencement date as placements cannot be backdated. Medicare Australia requires up to 10 working days to process applications.
- A separate form must be completed for each additional training practice location/address at which you require approval.
- It is your responsibility to ensure that a new application form is completed each time you:
 - move to a new approved practice
 - remain in the nominated practice for longer than is specified in this form
 - return to the nominated practice for a further period.
- Placements can be only approved for the current enrolment period.
- You and the practice are advised to keep a record of approved placement dates to ensure your access to Group A1 MBS attendance items does not expire.
- Please note: Doctors with first medical registration on or after 1/11/1996 must either hold postgraduate qualifications or be in an approved placement in order to attract Medicare benefits for their professional services. If a service is provided outside the approved placement period it is an offence not to advise your patient that the service will not attract a Medicare benefit.