STATUTORY DECLARATION

Statutory Declarations Act 1959

Other Specialist Training Program and Training Program leading to vocational recognition as a General Practitioner

This statutory declaration is for the purposes of the Australian General Practice Training (AGPT) Program.
This statutory declaration is ONLY for applicants who are currently enrolled in another specialist vocational training program.
Please fill out this form in BLOCK LETTERS WITH BLUE OR BLACK INK ONLY

PLEASE READ AND MAKE SURE YOU UNDERSTAND THE FOLLOWING STATEMENTS BEFORE COMPLETING THIS DECLARATION

A. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the Statutory Declarations Act 1959.

I make the following declaration under the Statutory Declarations Act 1959

I, (insert full name)

Of (insert current address)

In the State or Territory of Australia

Occupation:

DECLARE as follows:

1. I am an applicant applying for a training place on the AGPT Program in 2019 and

2. I am currently enrolled in one of the following training programs leading to vocational recognition as a General Practitioner:

   Please tick the programme

   □ Australian College of Rural and Remote Medicine (ACRRM) Independent Pathway
   □ Remote Vocational Training Scheme (RVTS)

   and

   If I am successful in obtaining a training position on the AGPT Program in 2019, I will resign from the above training program prior to the commencement of the 2019 training year, in line with the requirements of my regional training organisation and/or college/s.

3. I am not aware of anything that would preclude me fulfilling this declaration, if required.

4. I understand if I provide false and/or misleading information that this may constitute notifiable conduct¹ which may result in Department of Health withdrawing me from training and/or notification to the Medical Board of Australia and/or Australian Health Practitioner Regulation Agency (AHPRA).

¹ See Health Practitioner Regulation National Law Act 2009

Other Training Program Statutory Declaration - Page 1 of 2
5. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under s.11 of the Statutory Declarations Act 1959.

6. I believe that the statements I have made in this declaration are true in every particular.

THIS DECLARATION is made by me on the (day) ______ day of (month) ______ 2018

Applicant Signature ________________________________

Applicant Full Name ________________________________

Declared at (place) ________________________________

BEFORE ME: ______________________________________

Signature of witness† ________________________________

For a full list of accepted witnesses please visit the Attorney General’s website.

Full name: ______________________________________

Qualification: _____________________________________

Witness Address: __________________________________

Street Number __________________ Street Name ______

Suburb: ________________________________

State/Territory: ________________________________

Postcode: __________________ Telephone Number: ______

Please return completed declaration to the AGPT Eligibility team via AGPETligibility@health.gov.au.

Any questions regarding this declaration should be forwarded to the AGPT Eligibility team via 1800 DR AGPT (1800 37 2478) or +61 2 6289 2666, Monday – Friday 8:30am to 5:00pm AEDT/AEST.

† Statutory declarations can only be accepted if witnesses by an authorised authority. For a full list of witnesses please visit the Attorney General’s website.