

AGPT APPLICATION - TRANSFER BETWEEN RTOS OR TRAINING REGION

Purpose

This application is for Regional Training Organisations to approve transfers of registrars between Regional Training Organisations or Training Regions in accordance with the *AGPT Transfer Policy 2019*.

Instructions

This application can be filled out electronically or handwritten. Please ensure the declarations on page two of this application are signed by the registrar, current Regional Training Organisation and requested Regional Training Organisation.

All sections of this application must be completed.

Registrar details

First name:
Surname:
AGPT Registrar Number (OLAF):

Current Regional Training Organisation or Training Region details

Regional Training Organisation name:

Requested Regional Training Organisation or Training Region details

Regional Training Organisation name:

Is this a permanent or temporary Regional Training Organisation transfer? (Please mark)

Permanent Temporary

Date of transfer (if permanent only include start date)

Start:
End:

Reason/s for transfer between Regional Training Organisations

(Please mark one)

Reason	Mark
Identified career and/or education and training need approved by the Regional Training Organisation's Medical Educator or Director of Training. All options to undertake training within their Training Region have been exhausted.	
The registrar or an immediate family member have extenuating and unforeseen circumstances	
The Regional Training Organisation is unable to match the registrar to an appropriate training facility.	

Registrar declaration

I declare I have discussed this proposal with my Regional Training Organisation and agree to this application for a Regional Training Organisation or Training Region transfer as per the *AGPT Transfer Policy 2019*. I declare the information provided in connection with this application is true and correct.

Signature: [Registrar to sign]

Print name:

Date:

Current Regional Training Organisation approval

I declare we have discussed this proposal with the above mentioned registrar and the requested Regional Training Organisation. We agree to the application for a Regional Training Organisation or Training Region transfer as per the *AGPT Transfer Policy 2019*. I declare the information provided in connection with this application is true and correct.

Signature: [CEO or delegate to sign]

Print name:

Date:

Requested Regional Training Organisation approval

I declare we have discussed this proposal with the current Regional Training Organisation. We agree to the application for a Regional Training Organisation or Training Region transfer as per the *AGPT Transfer Policy 2019*. I declare the information provided in connection with this application is true and correct.

Signature: [CEO or delegate to sign]

Print name:

Date:

Lodgement

Once approval has been received from both the current and requested Regional Training Organisations, the current Regional Training Organisation is to email the approved application to the Department of Health at AGPTReporting@health.gov.au

Privacy Statement

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Department of Health for the purpose of administering the Australian General Practice Training Program. If you do not provide this information, the Department will be unable to manage your training. You can get more information about the way in which the Department will manage your personal information, including the Department's privacy policy available on the [AGPT website](#).