# OTDNET

## NORTHERN TERRITORY General Practice Education

## Overseas Trained Doctor National Education & Training (OTDNET) Application Form

To be completed by the Overseas Trained Doctor who wishes to apply for the OTDNET program. To be completed after reading the attached OTDNET Information Guide. Information provided on this form must be accurate at the date of application.

Name

Gender

Date of birth

Contact address

Preferred contact number

Email address

AHPRA Registration number

Type of medical registration

Sub-program applying for

Visa type/Residency status

Current provider number

AMC/Medical Registration Pathway

Practice name

Practice address

Practice Remoteness Area (RA) location

If unknown, please refer to:
http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Contact/Locator

**Australian Government**
**General Practice Education and Training Limited**
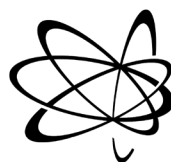
## HealthWorkforce AUSTRALIA

Provider number obligations (tick all that apply). If not known, your state/territory Rural Workforce Agency may be able to advise.

☐ Area of Need

☐ District of Workforce Shortage

☐ Other Medical Practitioner Scheme (OMPS)

☐ Rural Locum Relief Program (RLRP)

☐ Five Year Scheme

☐ Temporary working visa

## Declaration

☐ I do not already hold Specialist (General Practitioner) Registration in Australia.

☐ I am aware that I am not eligible for assistance under the Fellowship Support Program (Additional Assistance Program) during enrolment in OTDNET.

☐ I am not already participating in a Commonwealth-funded workplace-based assessment program. (Includes ACRRM workplace-based assessment program)

☐ I authorise GPET and my training provider, the relevant Rural Workforce Agency, Health Workforce Australia and the Department of Health and Ageing to share my personal information for the purpose of my application, training, reporting and program evaluation.

☐ I have not previously undertaken the OTDNET Sub-Program for which I am now applying.

☐ I acknowledge this application does not guarantee acceptance into the program. An assessment against the national selection criteria will be undertaken by the relevant regional training provider, and is subject to the availability of places.

☐ I agree to pay the non-refundable payment amount upon acceptance by the regional training provider into OTDNET.

| Sub-Program A: | AUD$2,000.00 |
| Sub-Program B: | AUD$4,500.00 |

☐ I declare the information provided on this form is true and correct to the best of my knowledge.

Signature

Date of application

RTP email

RTP fax

Upon completion please print this form, sign and fax or email to your training provider. To email, complete the form and save to your computer, then attach to an email.

**Privacy:** Some of the information you provide to GPET on this form is personal information that is used by GPET and your RTP for the administration of the OTDNET program. You may not be able to participate in the OTDNET program if you do not complete the form. GPET will disclose the information only to those bodies named in the declaration section of this form. Your personal information will not be disclosed to any overseas recipient. See also the GPET Privacy Policy on GPET's website at gpet.com.au