



Provider application form

Expression of Interest

1. Review the CPD Provider Handbook,
2. Complete the Provider eligibility criteria checklist
3. Complete the Application form
4. Submit your completed Provider eligibility criteria checklist and Application form to your local State CPD team via email

Ensure all sections of this form are completed

Outline the reasons your organisation wants to become an RACGP CPD Education provider?

Review the [2022 RACGP curriculum and syllabus for Australian General Practice](#) (aka 2022 RACGP Curriculum).

Does your intended education fit within the 2022 RACGP Curriculum?

Yes No

Entity Australian Business Number (ABN) Entity Name

If Entity is a trust, provide full name of trust

If you are registered with the Australian Charities and Not for Profit Commission, indicate your registration type

Has your organisation previously applied to be a CPD provider with RACGP?

Yes No

Has your organisation previously been a CPD provider with RACGP?

Yes No

If yes, indicate last year as an active CPD Provider Is the Entity a Registered Training Organisation?

Yes No

Address and contact information for the principal place of business

Street address

Postal address

Email

Phone

Website – Provide the weblink where details of your education are provided:

http://

Is the Entity's principal purpose education?

Yes No

If no, describe what your Entity does

Do you engage, or do you anticipate engaging, any third parties for the design or delivery of the education content of an educational activity?

Yes No

If yes, provide further information

Will your activities involve sponsors and/or partners?

Yes No

What sponsoring/partnering arrangements are in place?

Provide details of the person/s authorised to sign the Provider Agreement within your Entity:

Name

Contact numbers

Position

Email address

CPD Quality Assurance

Provide details of the person/s responsible for development and overall management (including complaints), and quality assurance assessment of the CPD activities.

Name Contact numbers

Position

Does the Entity employ the above person/s?

Yes No

If no, please provide details of their employer below

Name Organisation

Contact phone number Email

List the GP education events your organisation held within the last 12 months

1

2

3

4

5

How were these events evaluated?

What are your evaluation and quality improvement processes to address feedback?

What GP education activities are you planning within the next 12 months?

Topic/Delivery mode/Frequency etc

It is a mandatory component of all RACGP CPD activities that a specialist GP is involved in developing the education.

Provide the nominated GP's details below including their AHPRA registration number (mandatory):

Name Ahpra registration

Phone Email

Provide the details of the staff member who will attend CPD Representative training.

Refer to the CPD Provider Handbook which lists the Provider and CPD Representative obligations.

Name Position

Time with organisation Contact Phone Contact Email

Provide any additional information which may be relevant to your application:

Declaration

I certify that the information I have provided in and with this application is correct and complete.

Signature Name (please print) Date

By submitting this form, the Organisation agrees to comply with the CPD Provider Handbook.

Please return this form to the CPD Program Unit in the state where the head office or location of your organisation is based. See below for details. Your application will be reviewed with 14 days of receipt and the result of your application communicated via email. If further information is required, we will contact you. Assessment of your application is final, and RACGP reserves the right to withdraw or refuse your application based on the information provided.

CPD Program Unit contact details

**New South Wales & ACT
CPD office**

PO Box 534
NORTH SYDNEY NSW 2060
Tel: 02 9886 4700
Fax: 02 9886 4791
Email: nswact.cpd@racgp.org.au

Queensland CPD office

Level 7, 410 Queen Street
BRISBANE QLD 4000
Tel: 07 3456 8944
Fax: 07 3391 7009
Email: qld.cpd@racgp.org.au

**South Australia & Northern
Territory CPD office**

15 Gover Street
NORTH ADELAIDE SA 5006
Tel: 08 8267 8310
Fax: 08 8267 8319
Email: sant.cpd@racgp.org.au

Tasmania CPD office

Level 1 ABC Centre,
1-7 Liverpool Street
HOBART TAS 7000
Tel: 03 6234 2200
Fax: 03 6234 2344
Email: tas.cpd@racgp.org.au

Victoria CPD office

100 Wellington Parade
EAST MELBOURNE VIC 3002
Tel: 03 8699 0483
Fax: 03 8699 0560
Email: vic.cpd@racgp.org.au

Western Australia CPD office

PO Box 1065
WEST LEEDERVILLE WA 6901
Tel: 08 9489 9555
Fax: 08 9489 9544
Email: wa.cpd@racgp.org.au