



Please complete all sections on this form

Section 1 General information

RACGP/ACRRM number (if applicable)		Medicare provider number	
Full name		Date of birth	
Preferred mailing address			
Suburb		Postcode	
Is this your	Practice address	Home address	Other
Primary practice postcode		Business phone	
Email		Preferred contact number	

Section 2 GPMHSC accredited mental health training

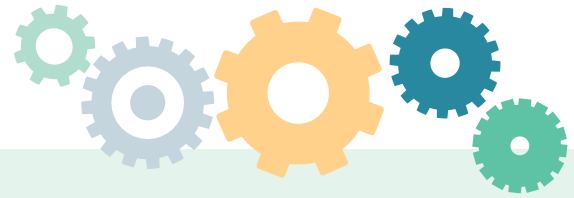
Step 1 Completion of GPMHSC accredited Mental Health Skills Training (MHST)

Please indicate the type of training pathway completed

Primary pathway

Modular pathway Core Module and Clinical Enhancement Module

Training provider	Course title	Activity number	Date of completion	Certificate attached
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Section 2 GPMHSC accredited mental health training *continued*

Step 2 Completion of GPMHSC accredited Focussed Psychological Strategies Skills Training (FPS ST)

Training provider	Course title	Activity number	Date of completion	Certificate attached
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Section 3 Consent to disclosure of personal information and confirmation of application

I consent to the information provided on this form being used by the GPMHSC to assess whether I have completed appropriate education and training for FPS ST.

I understand that the outcome of this assessment and the information collected on this form will be disclosed to Medicare Australia which maintains a register of practitioners who are eligible to access specific mental health Medicare Benefits Schedule (MBS) item numbers. I also understand that this information may be disclosed to the Commonwealth Department of Health.

I confirm that I wish to apply to be a registered provider of FPS ST, and confirm that I have reviewed and am familiar with the requirements for provision of these services as detailed in the MBS.

I consent that as part of my ongoing requirements as a GP provider of FPS, I need to complete a minimum of six hours of FPS CPD each triennium after the triennium in which I was first registered.

I would like to subscribe to the GPMHSC quarterly e-newsletter to receive news on mental health and updates on training and education.

Signature

Date

Please return this completed and signed form to the GPMHSC Secretariat:

Email gpmhsc@racgp.org.au Phone 03 8699 0556 Fax 03 8699 0570