

**RURAL LOCUM RELIEF PROGRAM (RLRP)  
RENEWAL APPLICATION FORM**

Workforce Program Approved under Section 3GA of the Health Insurance Act 1973

**SECTION A (applicant to complete)  
All sections are mandatory**

**Applicant's Details:**

First name:

Last name:

**Contact Details:**

**Please complete if Contact Details have changed:**

Postal address:   
  
 Post code:

Email address:

Home phone No.:  ( ) Mobile phone No.:

Work phone No.:  ( ) Facsimile No.:  ( )

**Practice Locations:**

**(tick one only)** Will you practice as a: **Full-time GP**  **Part-time GP**  **Locum GP**

You MUST list all the EXISTING practice locations where you have a current Medicare provider number.

**Any additional location(s) will require different documentation, please contact RDN:**

Practice and / or Hospital Name (address not required)	Mentor Name

**Confirmation of CPD / CME Activities and Progress towards Fellowship:**

You MUST attach evidence that you have actively participated in Continuing Professional Development activities and made significant progress towards obtaining post-graduate qualifications in general practice.

**Please ensure a completed Section B is included with this renewal.** The NSW Rural Doctors Network (RDN) will undertake to finalise this application within two weeks of receiving all the necessary documentation. You will need to allow a further four weeks for your provider number to be approved and issued.

**Declaration:** I declare that the information provided in this renewal is true and correct. AND I agree to:

- accept active mentoring from my approved mentor for the duration of my placement on the RLRP;
- gain relevant post-graduate qualifications within four (4) years;
- advise RDN of any anticipated enrolment on an alternate 3GA Program prior to enrolment as listed on the Initial Medicare Provider Number Application Form;
- my personal information, provided in this application form and as subsequently requested during my continued placement on the RLRP, being used confidentially to administer this Program, by the following Agencies: Australian Government {Department of Health and Ageing & Department of Human Services (Medicare Australia)}, the NSW Rural Doctors Network and any other Rural Workforce Agency should I move or practice interstate and where relevant, my local Division of General Practice (or Medicare Local), Regional Training Provider and Rural Health Workforce Australia;
- provide RDN with evidence that I have actively participated in Continuing Professional Development activities (i.e. appropriate CPD extracts from ACRRM or RACGP) and made significant progress towards obtaining post-graduate qualifications in general practice recognised under the Act (i.e. a letter from your Mentor indicating your progress), when applying for any subsequent renewal(s) of this Medicare Provider Number(s) via the RLRP; and
- **notify RDN prior to or within 10 working days, of any changes to my contact details, medical registration status or practice location(s), otherwise my enrolment on the RLRP may be revoked and my Provider Number(s) may be cancelled.**

I request re-enrolment on the Rural Locum Relief Program.

Applicant's Signature  Date  / /

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**SECTION B (Principal Mentor to complete)  
All sections are mandatory**

**Applicant Details:**

Name of applicant:

Main practice location:

**Principal Mentor Details:**

Last name:

First Name:

Practice Name & Address: **Please complete if contact details have changed:**

<input style="width: 98%;" type="text"/>	Post code	<input style="width: 98%;" type="text"/>
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Practice phone No.:

Mobile phone No.:

Email address:

**As an RLRP Mentor, you are requested to:**

- provide a letter with this renewal to RDN to indicate the significant progress made by the applicant towards obtaining post-graduate qualifications in general practice;
- re-check the applicant’s Medical Registration status (including Conditions etc.). Please use the Australian Health Practitioners Regulation Agency (AHPRA) website ([www.ahpra.gov.au](http://www.ahpra.gov.au)); and
- re-confirm the applicant has appropriate Medical Indemnity Insurance for the GP position.

**Mentoring Support:**

As principal Mentor, please explain how you will continue to achieve the following: <ul style="list-style-type: none"> <li>• Encourage the medical practitioner to perform competently</li> <li>• Identify any gaps in skills and/or knowledge</li> <li>• Encourage the medical practitioner to participate in appropriate CME/CPD activities</li> <li>• Encourage the medical practitioner to obtain post-graduate qualifications in general practice</li> <li>• Address any areas of concern</li> </ul>	

**I am aware that the applicant requires the support and mentoring outlined above. I agree to notify the NSW Rural Doctors Network if I am unable to continue to provide this level of mentoring support.**

Signed: <input style="width: 95%;" type="text"/> Name: <input style="width: 95%;" type="text"/>	Date	<input style="width: 95%; text-align: center;" type="text" value="/"/> <input style="width: 95%; text-align: center;" type="text" value="/"/> <input style="width: 95%; text-align: center;" type="text"/>
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