



## ADDITIONAL INFORMATION FORM

# Registration within the provisional vocational scope of general practice

This form should be completed in addition to the Medical Council of New Zealand (MCNZ) form **VOC3: Application for registration within a provisional vocational scope of practice** for doctors applying to the MCNZ for vocational registration in general practice.

This will enable The Royal New Zealand College of General Practitioners (the College) to undertake a fair and robust evaluation of your qualifications, training, and clinical work experience.

Please ensure that you provide sufficient and relevant evidence to support your application. The evidence provided must be in English (or an official translation included).

Examples of evidence may include:

- > Academic transcript
- > Awards or certificates
- > Training programme curriculum/syllabus/course descriptors showing aims/content and learning outcomes
- > Details of training positions/clinical experiences
- > Professional development – training and courses completed

Two additional pages have been included at the end of this application, which may be used if you need more space to answer any of the questions – please remember to indicate which section and question your answer refers to.

### SECTION A: General information

Surname:

First names:

Where do you intend to practise in New Zealand? (Optional – please provide details if known)

### SECTION B: Postgraduate general practice training

In this section, please provide information about the postgraduate training programmes you have completed in general practice. **Please include a copy of the speciality training curriculum and/or syllabus.**

Name of vocational specialty programme:

Institution/training provider name:

Length of training:  Year awarded:

*Postgraduate general practice training cont.*

Name of vocational specialty programme:

Institution/training provider name:

Length of training:

Year awarded:

Name of vocational specialty programme:

Institution/training provider name:

Length of training:

Year awarded:

Name of vocational specialty programme:

Institution/training provider name:

Length of training:

Year awarded:

Name of vocational specialty programme:

Institution/training provider name:

Length of training:

Year awarded:

Name of vocational specialty programme:

Institution/training provider name:

Length of training:

Year awarded:

## SECTION C: Clinical work experience

In this section, please provide details of your clinical work experience *within the last 10 years* related to general practice in chronological order, beginning with the most recent first (including hospital rotations and specialty runs).

Name of practice/hospital:

State/country:

Start date:  End date:

Employment level/role (e.g. registrar, medical officer):

Specialty/type of care:

Brief summary and description of role and clinical work undertaken (e.g. daily/weekly workload, patient demographics, rural/urban, key focus):

Name of practice/hospital:

State/country:

Start date:  End date:

Employment level/role (e.g. registrar, medical officer):

Specialty/type of care:

Brief summary and description of role and clinical work undertaken (e.g. daily/weekly workload, patient demographics, rural/urban, key focus):

*Clinical work experience cont.*

Name of practice/hospital:

State/country:

Start date:  End date:

Employment level/role (e.g. registrar, medical officer):

Specialty/type of care:

Brief summary and description of role and clinical work undertaken (e.g. daily/weekly workload, patient demographics, rural/urban, key focus):

Name of practice/hospital:

State/country:

Start date:  End date:

Employment level/role (e.g. registrar, medical officer):

Specialty/type of care:

Brief summary and description of role and clinical work undertaken (e.g. daily/weekly workload, patient demographics, rural/urban, key focus):

**SECTION D: Professional development/continuing medical education**

1. What ongoing continuing medical education have you completed within the last three years? *(Please list below)*

2. Please list details of any research or publications you have completed, including dates.

3. Is there formal recertification requirements in your country of practice?  Yes  No

**IF YES:**

Please list the recertification requirements:

## SECTION E: Verification

- I have completed the MCNZ form VOC3: Application for registration within a provisional vocational scope of practice and read the MCNZ VOC3B: Guide to providing a complete application for registration within a vocational scope of practice.
- I have enclosed documentation to support my application.
- I declare that the information provided in this application is true and accurate.

Signature

Date

**Please return this completed form to the MCNZ when you submit your application form *VOC3: Application for registration within a provisional scope of practice*.**

**Please use the spaces below, if needed, to expand upon any of your answers in this form.**

*Please remember to indicate which section and question your answer refers to.*

Question/section:

Additional information:

Question/section:

Additional information:

Question/section:

Additional information:

Question/section:

Additional information: