



Australian Government
Department of Health

Rural Other Medical Practitioners (ROMPS) Programme Registration Form

Please complete all areas of this form in block capitals full using a black / blue pen.

1. Personal Details

Please enter your full name as provided on your medical registration.

Family Name:

Given Name(s):

2. Current Status (Please tick appropriate boxes)

Non VR medical practitioner OTD TRD Locum Other

If Other, Please Specify:

3. Practice Locations & Provider Numbers

In order to process your application, the FULL street address of each practice location is required.

Rural, Remote and Metropolitan Areas (RRMA) classifications can be obtained by contacting Medicare Australia on 1800 032 259

Provider Number:

RRMA:

Practice Name:

Suite:

Level:

Building:

Street Number:

Street Name:

Locality/Town:

Postcode:

Additional practice location

Provider Number:

RRMA:

Practice Name:

Suite:

Level:

Building:

Street Number:

Street Name:

Locality/Town:

Postcode:

Please attach a sheet containing additional practice locations if applicable (use above format).

4. Mailing Address

Practice Name:

Suite:

Level:

Building:

PO Box:

Street Number:

Street Name:

Locality/Town:

Postcode:

5. Contact Details

Daytime Contact Number:

E-mail Address:

6. Expression of Interest (Please tick box)

This section must be completed in order for you to be considered for the Programme.

I express an interest in undertaking a pathway to the Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM).

Please note: It is a requirement of the ROMPs Programme that applicants express an interest in undertaking FRACGP or FACRRM. You may be contacted to verify your enrolment in one of these Programmes.

7. Declaration

- 1) The information that I have supplied in this Application Form is true and correct in every particular.

I understand that providing false and misleading information is a serious offence.

- 2) I consent to the release and exchange of such information between any two or more of the Department of Health, the Department of Veterans' Affairs, Medicare Australia, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine for the purposes of administering, monitoring, reviewing and evaluating the Programme.

Signature: Date:

Please send the completed form and any relevant information to:

Medicare Australia
Provider Eligibility Section
GPO BOX 9822
ADELAIDE SA 5001

By email to: PROVIDER.REGISTRATION@humanservices.gov.au

Further enquiries can be made to Medicare Australia Adelaide on 1800 032 259.