

Level One General Practitioner Registration Form Better Outcomes in Mental Health Care

Section 1: General Information

Name:							RACGP or ACRRM Number:						
Preferred Mailing Address:							Provider Number:						
City, State:							Business hrs Ph:						
	Post Code:						Business hrs Fax:						
Is this your: <input type="checkbox"/> Practice Address <input type="checkbox"/> Home Address <input type="checkbox"/> Other													
Email Address:							Do you consent to receiving updates from the GPMHSC via your email address? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Division of GP:							Do you consent to the GPMHSC disclosing your registration status to your Division? <input type="checkbox"/> YES <input type="checkbox"/> NO						

Section 2: Familiarisation Training

I have completed Familiarisation Training on:

D	D	M	M	Y	Y
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 ▶ Attach evidence of your completion of Familiarisation Training

Section 3: Level One Mental Health Skills Training

I wish to apply for recognition of my mental health skills through **one** of the following pathways:

Pathway 1: Completion of a relevant university qualification in mental health

Institution	Award conferred	Date of Award						
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			

▶ Attach a copy of your diploma, transcript as evidence of completion.

OR

Pathway 2: Completion of GPMHSC approved "Level One Mental Health Skills Training"

Training Provider	Course Title	Date of Completion						
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			

▶ Attach a copy of your certificate of completion or CPD statement as evidence of completion.

OR

Pathway 3: Individual application for exemption from Level One training (see section 5)

▶ Complete, sign and attach the "Individual GP application for exemption from 'Level One Mental Health Skills Training'". This supplementary form is available from the GPMHSC website:

www.racgp.org.au/mentalhealth

Section 4: Consent to Disclosure of Personal Information

I consent to the information provided on this form being used by the General Practice Mental Health Standards Collaboration to assess whether I have the appropriate skills and experience to render a Three Step Mental Health Process. I understand that the outcome of this assessment and the information collected on this form may be disclosed to the Health Insurance Commission which maintains a register of practitioners who are eligible to perform a Three Step Mental Health Process. I also understand that this information may be disclosed to the Department of Health and Ageing.

Your signature: _____

Date:

D	D	M	M	Y	Y

Section 5. Intention Statement

Complete and sign **all** sections of this Intention Statement if you are applying for registration under **"Pathway 3 – individual Application for exemption from training"**.

- I have read the Standards for Level One Mental Health Skills Training (Appendix A in your Familiarisation Training GP and Practice Manual); and
- I have discussed these Standards with a GP peer.

I have identified 2 areas of personal need for further training, as follows:

1:

2:

I intend to meet these needs for further training through:

Your signature: _____

Date:

D	D	M	M	Y	Y

Note on PIP/Accredited Practices

In order for a Practitioner to be eligible for a Service Incentive Payment (SIP), the Three Step Mental Health Process consultations must be provided from a practice participating in the PIP or an accredited practice. Practitioners who provide services from an accredited practice not participating in the PIP, will be required to provide additional information to the HIC for payment purposes. The HIC will contact these practitioners.

Note on Service Incentive Payments

SIPs will be paid to the nominated bank account. The HIC has bank account details for practitioners already enrolled for any of the Cervical Screening, Diabetes or Asthma SIPs. The HIC will contact practitioners to obtain payment details if they don't have these details.

Note on Audit

You are required to ensure that all certification and evidence needed for registration for this initiative (e.g. completion of familiarisation training, skills training, practice accreditation) is retained for confirmation through the HIC PIP Audit Program.
