



INSTITUTE OF GENERAL PRACTICE EDUCATION INC.

ACCEPTANCE OF OFFER

200_ Australian General Practice Training

I **accept** the offer to undertake training in the 200_ Australian General Practice Training with Institute of General Practice Education Inc.

I understand that the offer I am accepting is for a general pathway position with Institute of General Practice Education Inc. and that it is dependent on me meeting the three conditions outlined in my letter of offer.

Name _____

Date of Acceptance _____

Signed _____

Your acceptance should be **emailed** to:

igpe@igpe.edu.au

or faxed to

(02) 9756 5755

If you have emailed your acceptance of this offer, please also return a signed copy of this form to:

Institute of General Practice Education Inc.
PO Box 3029
Wetherill Park NSW 2164