



# INSTITUTE OF GENERAL PRACTICE EDUCATION INC.

## ACCEPTANCE OF GENERAL PRACTICE TERM OFFER

Registrar's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Practice Location: \_\_\_\_\_

1.  I accept the general practice term offer. Proceed to question 2.

I do not accept the term offer. My reasons are:

\_\_\_\_\_  
(I will contact my training advisor to discuss my training plan)

2.  **Commencement date:** This term will commence on \_\_\_\_\_  
Subsidies are only payable from the date listed in the offer letter. If it is proposed that the commencement date is to be later, please provide reasons for the change:

3. **Normal Hours of work:**

Full Time Total hours per week: \_\_\_\_\_ (min 36 hours for Basic, min 33.5 hours for Advanced)

Part Time (please complete the hours below)

Week 1	Week 2
Monday _____	Monday _____
Tuesday _____	Tuesday _____
Wednesday _____	Wednesday _____
Thursday _____	Thursday _____
Friday _____	Friday _____
Saturday _____	Saturday _____
Sunday _____	Sunday _____
Total per week _____	Total per week _____

4. **After hours on-call roster is:**

Nil

1: \_\_\_\_\_

5. **My salary will be:**

\$ \_\_\_\_\_ Before tax per week with after hours on call paid at: \_\_\_\_\_

\$ \_\_\_\_\_ Before tax per hour (for part time) with after hours on call paid at: \_\_\_\_\_

6.  I will notify IGPE if there are any plans to change the above agreed to terms/conditions during my placement.

\_\_\_\_\_  
Signature of Registrar and date

\_\_\_\_\_  
Signature of Supervisor and date

Please complete this form and send to the Institute.