



INSTITUTE OF GENERAL PRACTICE EDUCATION INC.

INTERESTED IN BEING A MENTOR IN THE OUTER METROPOLITAN PROGRAM

Name: _____

Practice Address: _____

Phone Number: _____

Are you the principal of the practice? Yes No

Is this the practice address at which you work? Yes No

Are you a:

Member of the College Fellow of the College Associate of the College No association with the College

Do you understand the responsibilities of being a mentor for a registrar doing their subsequent GP Experience term? Yes No

Are you willing to give the GP mentor registrar 3 hours off a month on full pay for an educational session? Yes No

Are you prepared to be a facilitator for a teaching session every 6 months? Yes No

Are you prepared to be involved in the RACGP mentor approval system? Yes No

Are you interested in teaching? Yes No

If yes, why?

Any other comments?

Signed

Date