

Application questions for International Medical Graduate GP's

Data points 1-9 are drawn from the ICGP website when you registered at ICGP.ie

1. First name	Free text
2. Surname	Free text
3. Home Address	Free text
4. Correspondence address	Free text
5. Email address	Free text
6. Work number	Allow for digits only
7. Mobile number	Allow for digits only
8. Date of birth	Digits only in format XX/YY/ZZZZ
9. Gender	Male/Female/ Other

Your Data

In order to process your application, we are required to share the information you provide here with the ICGP IMG Rural GP Project Team, relevant GP Practices and the HSE.

TICKBOXES

- I have read and understand the terms and conditions of this programme
- I consent to the use of my personal information as outlined in the ICGP Privacy Policy, available on www.icgp.ie
- I agree to my details being shared with parties outlined above in order to process my application
- I, the applicant, understand that I am personally responsible for ensuring that all submitted data and supported documentation is accurate, up to date, legible and uploaded to the correct section of the application
- I understand failure to provide the correct documentation in my application may result in the rejection of my application

Please upload the following documentation (max 3MB per file):

- a scanned copy of your passport. The copy must be legible and include the passport identity page or National Identity Card
- letters of employment in support of GP experience in each position
- internship certificate and post graduate experience letters
- proof of medical indemnity for the three years in general practice.
- current letter of good standing (re: medico-legal cases) from your indemnity organisation.
- evidence of current medical council/regulatory body registration (Ireland or country of current practice)
- current letter of good standing from medical council/regulatory body
- a notarised copy of your medical degree, with English translation
- a notarised copy of the degree transcript, with English translation
- the Academic IELTS or OET result

IM Rural GP Programme

10. What are your current clinical commitments	xxx sessions per week xxx sessions per month in OOH services	
11. Where is your current practice – name of practice and full location and website		
12. Please indicate where you received your primary medical degree	Country, University or college, Dates of study	
13. I have the minimum of three years' full time equivalent (FTE) experience working in general practice, the majority of which is daytime.	Yes/No option Please provide details in each of the fields to include dates, practice name, location, role title & duties performed	
14. Please give details of your post graduate experience in general medicine and paediatrics, including dates and locations	Please provide details to include dates, speciality , institution name, location & duties	
15. Contact details for two clinical referees who held a supervisory role and had oversight of your work	Name Surname Job title Phone Email Work relationship Name & location of practice	Name Surname Job title Phone Email Work relationship Name & location of practice
16. Please confirm that you have a driving license / access to a car		
17. Evidence of continuous professional development, most relevant to this application	Course name, dates	
18. I agree to participate in ongoing evaluation of this initiative	Yes (<i>click in the box to select it</i>) If No, state reason	

Please complete the online application form on the ICGP website.