

General Practice Network NT (GPNNT)

Registration Form



Registration to be a RGPLP Locum

Full name _____

Postal Address _____

Street Address _____

Phone No _____ Fax No _____

Email address _____

Are you vocationally registered? YES or NO

Are you FRACGP? YES or NO

Are you FACRRM? YES or NO

When are you available for a locum placement?

From _____ To _____

From _____ To _____

From _____ To _____

Please return completed form to Tracey Merton, Locum Coordinator via locum@gpnnt.org.au or fax (08) 8981 5899

