

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
ENTRY STANDARDS FOR GENERAL PRACTICE FIELD TEST 1994

Surveyor Details

Please bring this completed questionnaire to your Surveyor Training Workshop.

Name

Phone number(BH)(AH)

Fax number

Division

1. What is your QA & CE reference number?

2. Of what professional organisations are you a member? *(Please tick all appropriate boxes)*

- Australian Association of General Practitioners..... 1
- Australian Medical Association..... 2
- Doctor's Reform Society..... 3
- Private Doctor's Association..... 4
- Royal Australian College of General Practitioners..... 5
- Rural Doctor's Association of Australia..... 6
- Other *(please specify)*..... 7

3. What is your year of birth?

4. How many doctors work in your practice? full time part time.....

5. Does your practice have a special function, eg sports medicine, acupuncture etc? Yes..... 1 No..... 2

If yes, please specify:.....

6. Are there any special characteristics in the local population of your practice? *(Please tick all appropriate boxes):*

- young families ¹
- older persons ²
- particular local industry, eg mining *(please specify)*..... ³
- significant ethnic groups *(please specify)*..... ⁴
- other *(please specify)* ⁵
- none ⁶

7 • Please list all days / dates on which you will definitely NOT be available to do a visit between now and July 31:

Note: Being "available" on a particular day does not automatically commit you to a visit . The Standards Development Unit will organise each visit in consultation with you.