



Statutory Declaration

Statutory Declarations Act 1959

FGAMS Temporary residents

This statutory declaration is for the purposes of the AGPT program.

The statutory declaration is ONLY for applicants who are Foreign Graduates of an Accredited Medical School (FGAMS) with a 457 visa.

Please fill out this form in **BLOCK LETTERS ONLY**

PLEASE READ AND MAKE SURE YOU UNDERSTAND THE FOLLOWING STATEMENTS BEFORE COMPLETING THIS DECLARATION

A. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years—see section 11 of the *Statutory Declarations Act 1959*.

B. Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.

I make the following declaration under the *Statutory Declarations Act 1959*

I, (insert full name) _____

of (insert current residential address) _____

in the State or Territory of _____ Australia

DECLARE as follows:

1. I am an applicant for selection into the 2016 AGPT program.
2. I currently have:
 - (i) Lawful residence¹ in Australia under a temporary visa.
3. I currently hold or expect to hold (by the commencement of the 2016 training year)
 - (i) General Registration with the Medical Board of Australia.
4. I have applied or intend to apply for permanent residence under one of the following visas², namely:
 - (i) Employer Nomination Scheme^{2*}
 - (ii) Regional Sponsored Migration Scheme^{3*}
 - (iii) Other sponsored or independent visa schemes^{4*}.

¹. 'Lawful residence' means residence in Australia on a temporary or permanent visa.

². A doctors who has obtained general medical registration and has an employer who is willing to nominate him or her can apply for permanent entry under the Employer Nomination Scheme

³. A doctor who has obtained general medical registration and has an employer who is willing to nominate him or her to work in a regional area of Australia can apply for permanent entry under the Regional Sponsored Migration Scheme.

⁴. For further information on Australian Permanent residency visas, please contact the Department of Immigration and Border Protection or visit <http://www.immi.gov.au/Pages/Welcome.aspx>.

5. Prior to the completion of my training, I expect to satisfy the residence requirements for conferral of permanent residency or citizenship of Australia or New Zealand⁴.
6. I am aware that if I fail to provide documented evidence of obtaining my permanent residency of Australia or New Zealand prior to the completion of my training, the Department of Health will withhold my certificate of completion and reserves the right to withdraw me from the AGPT program.
7. I am not aware of anything that would preclude me from meeting the Health or Character and Penal Clearance Requirements of permanent residency or citizenship of Australia or New Zealand⁵.
8. I understand if I provide false and/or misleading information that this may constitute notifiable conduct⁶ which may result in the Department of Health withdrawing me from training and/or notification to the Medical Board of Australia and/or Australian Health Practitioner Regulation Agency (AHPRA).

PLEASE MAKE SURE YOU UNDERSTAND THESE STATEMENTS BEFORE SIGNING

9. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under s.11 of the *Statutory Declarations Act 1959*.
10. I believe that the statements I have made in this declaration are accurate, true and complete.

THIS DECLARATION is made by me on the _____ day of _____ 2015
Day Month

Applicant signature _____

Before me:

Signature of witness⁸ _____

For a full list of accepted witnesses please visit <http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>.

Full name: _____

Qualification: _____

Witness Address:

Street Number _____ Street Name _____

Suburb _____

State/Territory _____

Postcode _____ Telephone Number _____

Please return completed form to the AGPT Selection team via AGPTselection@health.gov.au.

Any questions regarding this declaration should be forwarded to the AGPT Selection team via 1800 DR AGPT (1800 37 2478) or +61 2 6289 2666, Monday to Friday, between 8:30am and 5:00pm AEST*.

⁴. Residency requirements vary between visas. For a full list of residency requirements please contact the Department of Immigration and Border Protection or visit <http://www.immi.gov.au/Pages/Welcome.aspx>.

⁵. For additional information see <http://www.immi.gov.au/skilled/general-skilled-migration/sir.htm#apv>

⁶. See *Health Practitioner Regulation National Law Act 2009*.

⁸. Statutory declarations can only be accepted if witnessed by an authorised authority. For a full list of witnesses please visit <http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>.

* Australian Eastern Standard Time