



ICGP Non-EU Rural GP Programme

Questions on the online application form for non-EU GPs

Data points 1-9 will be drawn from the ICGP website from data you provided 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. Home phone number (if available)	Allow for digits only
7. Mobile number	Allow for digits only
8. Date of birth	Digits only in format XX/YY/ZZZZ
9. Gender	Tick box selection Male/Female/ Other

Your Data

In order to process your application, we are required to share the information you provide here with the ICGP Non-EU 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 corrected documentation in my application may result in the rejection of my application

Please upload a scanned copy of your passport. The copy must be legible and include the passport identity page or National Identity Card (PDF format only under 3MB)	
10. What are your current clinical commitments	Xxx sessions per week Xxx sessions per month in out of hours services
11. Where is your current practice location	
12. Please indicate where you received your primary medical degree	Country: Name of university/college awarding degree: Date from: Date to:
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 to include dates and locations Date from: Date to: 5 fields most recent first
14. Please give details of your post graduate experience in general medicine and paediatrics, including dates and locations	Date from: Date to: Location: Specialty: 6 fields (min. 4 mandatory)



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15. Please provide proof of medical indemnity for the three years in general practice.	Upload documentation in PDF 3MB max.	
16. Please provide current letter of good standing (re: medico-legal cases) from your indemnity organisation.	Upload letter in PDF 3MB max.	
17. Please provide evidence of current medical council/regulatory body registration (Ireland or country of current practice).	Upload medical council/regulatory body registration in PDF 3MB max.	
18. Please provide a current letter of good standing from your medical council/regulatory body.	Upload letter as PDF	
19. Contact details for two clinical referees	Name Surname Address 1 Address 2 Address 3 Address 4 Email:	Name Surname Address 1 Address 2 Address 3 Address 4 Email:
20. Please upload a notarised copy of your medical degree, with English translation if required	Upload PDF 3MB max.	
21. Please upload a notarised copy of the degree transcript, with English translation if required	Upload PDF 3MB max.	
22. Please upload Academic IELTS or OET result	Upload PDF Not mandatory	3MB
23. Evidence of continuous professional development, most relevant to this application	Course name: Free text Date from: Date to: Course name: Date from: Date to: Course name: Date from: Date to: Course name: Date from: Date to:	
24. I agree to participate in ongoing evaluation of this initiative	Yes <input type="checkbox"/> <i>(click in the box to select it)</i> If No, state reason	

Document Uploads

Uploaded files must be under 3MB each in size, each upload field has a specific file requirement listed. All supporting documents must be PDF.