



NOTIFICATION FORM

All education at Fremantle GP Network must be approved by our GP Advisory Group. If you would like to run education with Fremantle GP Network please submit this form with a **DRAFT PROGRAM AND EVALUATION** to our CPD Program Officer jessep@frgdp.com.au or by fax to 9339 8355. You will be advised of the outcome of your application within a four week period.

Topic – *Topic of CPD event* _____

Organisation _____

Contact Person _____

Proposed Audience *(Please tick all that apply)*

- GPs PN's PM's Reception Staff AHP's

Proposed Content – *Write brief summary below*

Proposed format *(use as many as possible)(Please tick all that apply)*

- Lecture Workshop Case Conference
 Case Studies Small Interactive Groups Other _____

Reason for Event *(Justification of need for event)*

Proposed Date, Time and Venue

Date _____ Time _____
Venue _____

Anticipated CPD Points status *(Please tick)*

- Category 1 Category 2 Not applicable **Total Points** _____

Sponsorship Required *(Please tick)*

- Yes No Already organised

GP Network Role in organising event <i>(Please list)</i>	Your role in organising event <i>Please list</i>

Additional Comments

DRAFT PROGRAM AND EVALUATION MUST BE ATTACHED