Australian Government
Department of Health and Aged Care

Bonded Medical Program – Opt in Request Form

This form is to be used by the Medical Rural Bonded Scholarship (MRBS) Scheme and Bonded Medical Places (BMP) Scheme participants who wish to opt in to the statutory Bonded Medical Program (the Program).

Participants of the Program are bound by Part VD of the *Health Insurance Act 1973* (the Act) and must abide by the *Health Insurance (Bonded Medical Program) Rule 2020* (the Rule).

Full Name:
Full Name on your agreement / contract (if different from your current name):
Date of birth: (dd/mm/yyyy)
Primary Email address:
Secondary Email address (if any):
Mailing address:
Phone number:
Mobile:
I am currently a participant in the: ◯ Medical Rural Bonded Scholarship (MRBS) Scheme ◯ Bonded Medical Places (BMP) Scheme

Read more about your **obligations** if you opt in to the Program from either the Medical Rural Bonded Scholarship Scheme or the Bonded Medical Places Scheme.

If you would like to opt in to the Bonded Medical Program, complete this form. We will check your RoSO details and contact you about completing an Agreement to Participate.

Please be aware that until you are formally notified that you have been opted in to the Program, you are still bound by your current Deed of Agreement or Contract.

◯ ***I understand and agree that with the submission of this form, I am confirming the above information to be correct and that I wish to proceed with my request to opt in to the Program.***

SUBMIT

If the Submit button does not automatically launch your email program, please send your completed form to: BondedMedicalProgram@health.gov.au