



Australian Government
Department of Health

Special Approved Placements Program
Placement extension request

This form is for existing SAPP participants only. All fields are compulsory unless otherwise indicated.

Application details	
Participant's surname	
Participant's given names	
Australian residency status	
Medical registration number	
Medicare provider number	
Contact number	
Email address	
Name and address of existing approved SAPP location/s	
Expiry date of current SAPP placement	
Supporting evidence checklist	
Current medical registration	<input type="checkbox"/> Attached
Employment contract	<input type="checkbox"/> Attached
Eligibility to sit examinations	<input type="checkbox"/> General Practice Experience report attached <input type="checkbox"/> Prior exam results attached
Evidence of future examination enrolments	<input type="checkbox"/> Attached
Documentary evidence of exceptional circumstances <i>If applicable</i>	<input type="checkbox"/> Attached - I am aware this evidence may be referred to Health's Medical Advisor for comment <input type="checkbox"/> Documentation is from a health professional who is registered in Australia and who does not have a personal or employment relationship with me or my employer. The document demonstrates why the medical condition requires treatment in a specific location

Name:	
Signature:	
Date:	