



A doctor wishing to enter private general practice must complete this form and post it to:

The Fiji College of General Practitioners  
PO Box 14012,  
Suva

This document serves as a personal undertaking by the applicant and must be duly witnessed by the doctor approved by the College as their mentor.

**UNDERTAKING**

I, \_\_\_\_\_, agree to enrol in a post-graduate course in General Practice, as and when it becomes available locally, as a pre-requisite for entering Private General Practice and to complete the qualification within the specified timeframe of thirty (30) months.

I understand that in for any variation to this agreement, I must submit an application for a variation to the Fiji College of General Practitioners in a timely manner.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Witnessed By:**

\_\_\_\_\_  
Name of Mentor

\_\_\_\_\_  
Signature of Mentor

**Office Use Only**

**Received By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature