

# Parental Leave Application form

## Purpose

This form is to be completed by AGPT registrars applying for Parental Leave including applying for the parental leave incentive provided by the Department of Health, Disability and Ageing (the department).

## Definitions:

**Primary carer:** A primary caregiver is the person who meets the child's physical needs more than anyone else. Only one primary caregiver can be designated per family in respect to the birth or placement of a particular child. A registrar can claim primary caregiver status for a child who is:

- born to them or their spouse, de facto or partner, including through a surrogacy arrangement; or
- adopted by them or their spouse, de-facto or partner; or
- placed in a long-term foster care arrangement with them or their spouse, de-facto or partner.

**Secondary carer:** The secondary caregiver is the other parent or partner who provides support and care for the child but is not the primary caregiver. A registrar can claim secondary caregiver status for a child who is:

- born to them or their spouse, de facto or partner, including through a surrogacy arrangement; or
- adopted by them or their spouse, de-facto or partner; or
- placed in a long-term foster care arrangement with them or their spouse, de-facto or partner.

## Supporting evidence:

Registrars will need to provide evidence of pregnancy and expected date of birth, or confirmation of commencement date for adoption or long-term fostering arrangements.

With the evidence of pregnancy and expected date of birth, it must show the registrar's full name, have been issued by a recognised health professional and include the issued date, be on official letterhead, or show the health professional's provider number.

Acceptable documents include:

- A medical certificate from a registered medical practitioner (GP, obstetrician or midwife) confirming the pregnancy, and the expected date of birth.
- A hospital or antenatal clinic letter confirming pregnancy and expected due date.
- A midwife's signed statement confirming pregnancy and due date.

With evidence of adoption, it must include the adopting parent(s)' name(s), include the placement or commencement date, and be on official letterhead.



Acceptable documents include:

A formal letter or certificate from the relevant state or territory adoption authority confirming:

- The expected date of placement or the date of commencement of placement.
- A court order or official notice of adoption (where finalised).
- Documentation from an approved adoption agency confirming placement and date.

For evidence of long-term fostering arrangements, it must show the names of the foster carer(s), include the start date, and must be issued by an authorised agency or government department.

Acceptable documents include:

- A letter or placement agreement from a recognised state or territory child protection or fostering agency confirming: the date the fostering arrangement commenced, and the expected duration
- A court order or care order showing the child has been placed under long-term care of the individual(s).

## Section 1: Personal details

<b>Registrar name</b>	
<b>ACRRM membership number</b>	
<b>Date of application</b>	

## Parental leave

Please apply for all parental leave below, noting any leave above the Parental Leave Incentive caps listed will be unpaid.

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Carer Type (Primary or Secondary)	FTE at time of leave commencement	Have you provided supporting evidence?



## Section 2: Declaration

I acknowledge and declare the following with respect to my eligibility and obligations regarding the parental leave incentive:

### **Non-entitlement to employer-provided paid parental leave:**

- I am not entitled to paid parental leave with my current employer

OR

- I do not meet the qualifying period to access my employer's paid parental leave

### **No prior paid parental leave claim:**

- I have not previously claimed paid parental leave for the child(ren), either from my current employer or from another employer.

### **Caregiver status declaration:**

- I will remain the designated caregiver (as per the above leave type) for the child(ren) throughout the entire leave period and for any other paid parental leave related to this child(ren).
- I understand that only one individual may be designated as the primary caregiver per family for the birth or placement of a particular child(ren).
- If applicable, my spouse, de-facto, or partner has not applied for the same caregiver status in respect to the same child(ren).

### **Other employment during leave period:**

- I will not engage in any form of paid employment, self-employment, contract work, or any other activity that could be classified as gainful employment during the parental leave incentive period.
- I understand that if I wish to return to work in any capacity while receiving the parental leave incentive, I must seek the appropriate approval through ACRRM and the department.

### **Not eligible for the parental leave incentive:**

- I am eligible for paid parental leave with my current employer
- I have completed the 4 years FTE (not including leave) of my funded training time\*

\*Funded training time refers to training completed as part of the AGPT or RGTS programs, including any RPL – training time awarded.

## Section 3: Responsibilities

### **By submitting this declaration, I acknowledge the following responsibilities:**

- I have read and understood the eligibility requirements and obligations associated with the parental leave incentive, as set out by the department.
- I have provided appropriate supporting documentation to verify my application.
- I understand that the information in this declaration may be subject to audit by ACRRM and/or the department.



- I understand that I may be requested to provide additional information on my application for a period of up to 5 years or 12 months after fellowship, whichever is longer. I understand that I need to keep appropriate records during this time and will cooperate fully with any requests.
- I will promptly report any incorrect incentive payments received during my participation in the program.
- I will inform ACRRM in a timely manner if I intend to withdraw from the ACRRM RG Fellowship Program, or if my circumstances change and I may not be able to continue with the training program.
- I understand that providing false, incomplete or misleading information in this declaration may result in disciplinary action, repayment of parental leave incentive funds, and/or legal proceedings.

#### Section 4: Declarations and signatures

- I declare that the information provided in this application is true and complete to the best of my knowledge.
- By signing this declaration, I understand and accept all conditions and obligations associated with the parental leave incentive.

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Signature

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Date

Please submit this form and any supporting evidence to your regional team:

New South Wales	<a href="mailto:Training.nswact@acrrm.org.au">Training.nswact@acrrm.org.au</a>
Northern Territory	<a href="mailto:Training.nt@acrrm.org.au">Training.nt@acrrm.org.au</a>
Queensland	<a href="mailto:Training.qld@acrrm.org.au">Training.qld@acrrm.org.au</a>
South Australia	<a href="mailto:Training.sa@acrrm.org.au">Training.sa@acrrm.org.au</a>
Tasmania	<a href="mailto:Training.tas@acrrm.org.au">Training.tas@acrrm.org.au</a>
Victoria	<a href="mailto:Training.vic@acrrm.org.au">Training.vic@acrrm.org.au</a>
Western Australia	<a href="mailto:Training.wa@acrrm.org.au">Training.wa@acrrm.org.au</a>



Office use only

<b>Training Program Advisor name</b>	
<b>Comments</b>	
<b>Date</b>	

<b>Medical Educator name</b>	
<b>Comments</b>	
<b>Date</b>	
<b>Approved (up to 26 weeks)</b>	Yes      No
<b>Date</b>	

<b>Regional Director of Training name</b>	
<b>Comments</b>	
<b>Approved (above 26 weeks)</b>	Yes      No
<b>Date</b>	