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 ABN : 28 188 102 719 **1300 666 420**

BOOKING REQUEST FOR COUNTRY GENERAL PRACTICES

Date: _____ Phone: _____
 Attention: _____ Facsimile: _____
 Surgery / Hospital: _____
 Address: _____

We acknowledge receipt of your booking request for a Locum Tenens for the period:
 / / to / /

Please complete the following details and return to us as soon as possible.

MON _____	FRI _____
TUES _____	SAT _____
WED _____	SUN _____
THUR_ _____	_____

In signing this form I / we agree to comply with the terms and conditions of Australian Medical Placements.

Signed: _____

Hourly or Weekly Rates: *To be negotiated with Australian Medical Placements.*

Group Practice / Solo Practice / Hospital (Please circle)

On-call: _____ 100% of on call _____

Travel Arrangements: _____ Client to provide _____

Accommodation: _____ Client to provide _____

Medical Registration: _____ Provider No: AMP to arrange

Clinical Privileges/Admitting Rights: _____

NOTES: Australian Medical Placements will invoice:

15% OF GROSS EARNINGS PLUS GST.

Cancellation of a booking after receiving written confirmation will incur a fee of 50% of Australian Medical Placements expected fee.

