



Adelaide : PO Box 2020 Prospect South Australia 5082
Phone : 08 8342 2777 **Fax :** 08 8342 2555
Brisbane : PO Box 771 Bulimba Queensland 4171
Phone : 07 3899 7888 **Fax :** 07 3899 7899
Email : info@australianmedicalplacements.com.au
Web : www.australianmedicalplacements.com.au
ABN : 28 188 102 719 **1300 666 420**

REGISTRATION FORM

PERSONAL DETAILS

Name: Date of Birth:.....
Email: Mobile:
Hm Phone: Fax:.....
Address: Suburb:
State:..... Post Code:
Next of Kin: Phone:

Which is your preferred contact detail?

Email Mobile Hm Phone Fax

Are you an Australian or New Zealand citizen: Yes No

If 'No', do you have any work Visa restrictions or sponsorship arrangement with ANY healthcare facility/network?

Details:

Copy of your Visa attached

IDENTIFICATION

100 points of identification must be provided with this registration. Please ensure copies show clear text and images.

Please tick the relevant box for the ID you have provided with this registration.

70 Point Value:

Birth Certificate Current Passport + **Mandatory** Passport Size Photo

40 Point Value:

Current Drivers Licence Proof of Age Card ID card issued to a public employee

25 Point Value:

Medicare card Marriage Certificate Telstra or Optus Account



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PAYMENT DETAILS

Bank:.....
BSB:..... Account:.....
Superannuation Fund: Number:
Tax File Number:

OR

Company/Business Name:
ABN:..... GST Registered: Yes No
Bank:.....
BSB:..... Account:.....

QUALIFICATIONS

Qualification Details:

<u>Qualification</u>	<u>Institution</u>	<u>Date of Graduation</u>
.....
.....

Do you speak more than one language? Please list:

SKILL SET SELF RATING

This overall skill set self rating is a *guide only*.

Please use the following rating system to evaluate and rate your skill set:

- 1 = Completely Independent – can supervise junior medical staff
- 2 = Able to undertake independent tasks
- 3 = Able to undertake task - require supervision/consultation with senior medical staff
- 4 = Skill not yet acquired - Require full supervision of senior medical staff

Basic Diagnostic Skills:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Management of Diagnosis:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Overall Technical Ability:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Advanced Cardiac Life Support:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Intubation/Ventilation:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Overall Skill Proficiency:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



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REFEREES

Please provide three (3) referees where possible

REFEREE 1

Name: Position:

Healthcare Facility:

Email:

Phone:..... Dept:

REFEREE 2

Name: Position:

Healthcare Facility:

Email:

Phone:..... Dept:

REFEREE 3

Name: Position:

Healthcare Facility:

Email:

Phone:..... Dept:

REFERENCE CHECK - OFFICE USE ONLY

Reference 1 Completed Date:.....

Comments:.....

Reference 2 Completed Date:.....

Comments:.....

Reference 3 Completed Date:.....

Comments:.....



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REGISTRATION DETAILS

Prescriber Number:.....

Are you: VR GP Non-VR GP
Only applicable to GPs

Do you access Medicare? Yes No
Only applicable to GPs

Any Medicare restrictions? 9AA 9AB

List Registrations:

<u>Registration Number</u>	<u>State/Territory</u>	<u>Expiry Date</u>
.....
.....
.....

Valid Provider Number/s:

<u>Provider Number</u>	<u>Location</u>
.....
.....
.....
.....
.....
.....

Do you have any current or impending restrictions on your medical registration/s?
 No Yes, please describe:.....
.....

Are there any other issues which may affect your ability to practice as a medical practitioner?
 No Yes, please describe:.....
.....



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EMPLOYMENT CHOICES

What type of work you would like to do?

- Metropolitan hospital Rural hospital Metropolitan General Practice
 Rural General Practice Other.....

What departments do you prefer to work in?

- Anaesthetics Emergency CCU General Medicine
 General Surgery ICU O & G Orthopaedics
 Paediatrics Psych Other

How far are you prepared or wish to travel?

- 5 – 20km 20 – 50km 50 – 100km 100km + Interstate

Any particular areas or distance you do not wish to travel?

.....

Do you have any special requests or other preferences?

.....

AVAILABILITY

I would like you to contact me if one of my preferences becomes available.

OR

I will advise you when I am available – please see below.

Day	From/Till Time
..... to
..... to
..... to
..... to

Once registered, availability or any other details can be changed or updated on your online profile at www.australianmedicalplacements.com.au.





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REGISTRATION AGREEMENT

1. CONFIDENTIALITY & PRIVACY

- A. We keep your information confidential, however your professional information, current medical registration/s, qualifications, current CV, Professional Indemnity and other required documentation is made available to our clients for the purpose of securing work for you. We provide the relevant information to our clients on a confidential basis for the purposes of their assessment of your suitability to provide the services they require. They are expected to comply with the Australian Federal Privacy Act with their own information privacy policies. Australian Medical Placements cannot be held liable for any breach of privacy by its clients. We keep your private contact details confidential and are only given out with your express permission.
- B. We take all care in protecting your privacy and the integrity of your information but there is the possibility that this information could be unlawfully observed while in transit over the internet or in the offices at Australian Medical Placements. We disclaim all liability to you to every extent to the possible pursuant to the law should this happen.

2. CLIENT

- A. You will be advised of the details of your placement such as client name, address, phone number, duration of placement, remuneration, contact person and your hourly rate. Other details such as travel and accommodation and incidentals may be applicable for country and interstate work and this will be conveyed to you in writing.
- B. Our clients are responsible for your supervision and direction during your placement. Australian Medical Placements is not responsible for any errors, misconducts or omissions made by you. You must indemnify Australian Medical Placements against any claims made against you which may arise out of or in connection with your conduct during your placement. You must have professional indemnity insurance and a current copy must be supplied to Australian Medical Placements.
- C. You will advise Australian Medical Placements of any prior or current malpractice issues.

3. INTEGRITY OF AUSTRALIAN MEDICAL PLACEMENTS SERVICE

- A. You will agree not to use any information gained from Australian Medical Placements in the course of seeking or performing remunerative work with any clients or associations. This includes approaching the client for work or the client approaching you.
- B. Any proposed approaches must be made directly to Australian Medical Placements.
- C. You further agree not to negotiate any casual (locum work – paid at locum rates) contract with AMP clients that you have been introduced to by Australian Medical Placements for a period of 12 months after your last placement with that client. This obligation survives termination, cancellation or suspension (whether by you or AMP) of your registration as evidenced by you signing these Terms and Conditions.

- D. These Terms and Conditions do not prevent you from applying for permanent work at the State Award rate of pay at a Hospital/Practice you have previously been introduced to by AMP.

4. REMUNERATION

- A. In some cases you will be a casual employee of Australian Medical Placements and are entitled to fortnightly remuneration and your superannuation will be paid. HECS will apply for some locums if requested on tax declaration form.
- B. You will, if you have an ABN, supply to the client a tax invoice plus GST (if applicable). Alternatively, you will be required to furnish the client with a timesheet, completed Tax File Declaration and advise your superannuation fund details. (This is mainly for General Practitioners). Australian Medical Placements is not responsible for payments to you in this situation unless alternative arrangements have been made. Any enquiries regarding outstanding remuneration must be directed to the client.
- C. Australian Medical Placements is not responsible to you for any costs such as travel, accommodation, meals and incidentals etc. In some circumstances flights will be arranged by Australian Medical Placements. Once details are booked and confirmed you are responsible for any changes and associated charges if you choose to do so.
- D. Australian Medical Placements will invoice Queensland Health on your behalf. To ensure correct payment is made please forward a copy of your signed contract, time sheet, relevant expenses and/or invoice after completion of placement or fortnightly

5. CANCELLATION

- A. Although Australian Medical Placements will make every attempt to secure work for you, we give no guarantees nor are we obligated to do so. Once you have accepted a placement, you agree to take all necessary and reasonable steps to fulfil the placement in accordance with these Terms and Conditions and the terms of the placement as offered by the relevant client.
- B. Australian Medical Placements cancellation policy requires the clients to give at least one week's notice of cancellation or variation on the original booking request in regard to dates, hours, pay or terms of any placement. We have no obligation to you if a client varies or cancels a placement regardless of when you receive notice of the cancellation or variation.
- C. You may choose to cancel your registration with AMP. Written notification must be received at which time you will not longer be notified of positions, however the 12 month obligation (Item 3C) remains in force.

6. COMPLIANCE

- A. By registering with Australian Medical Placements you agree to abide by the terms and conditions upon which we intend to engage you to provide services to our clients. This document sets out those Terms & Conditions.
- B. By completing this application form, you declare that the information you have provided is accurate and true particularly your qualifications and your ability to provide services to our clients.
- C. Once your completed registration is approved, Australian Medical Placements will inform you of positions available either by email or via our online service.



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- D. You will advise Australian Medical Placements of your availability or non availability on a regular basis. This can be done by accessing your online profile (via www.australianmedicalplacements.com.au) at any time.
- E. You will advise Australian Medical Placements if you have any disability, illness or are on any medication which may impair your ability to carry out the inherent duties of any placements.

CONFIRMATION

I, , have read, agree and will adhere with the above Terms and Conditions and declare that the information I have supplied Australian Medical Placements in my application is true and correct.

I have attached the following relevant documentation and verify that it is current:

Curriculum Vitae	Medical Registration	Professional Indemnity Insurance
Tax Declaration Form	100 ID points	Passport Size Photo
Visa (if applicable)		

Signed:..... Date:.....

Print Name:

Australian Medical Placements Representative

Signed:..... Date:.....

Print Name:

Office Use Only

Original Copy	Candidate Copy	File Copy
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Received By:..... Date:.....

ERROR: syntaxerror
OFFENDING COMMAND: %ztokenexec_continue

STACK:

-filestream-