



APPLICATION TO RECEIVE A LOCUM GP

Application Form PART A

DETAILS OF DOCTOR REQUIRING RELIEF (the Applicant)

Title:	Surname:	
Given Names:		
Name of Hospital/Clinic:		
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Mobile:
Email:		

CONTACT PERSON *All correspondence will be directed to this person*

Title:	Surname:	
Given Names:		
Name of Hospital/Clinic:		
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Mobile:
Email:		

When we need to contact you, which is your preferred method of contact:

- Email
 Telephone (Work)
 Telephone (Mobile)
 Post
 Fax

PLACEMENT DETAILS

1. Dates locum relief is required: *Please specify start time and finish time if known*

Start:	To:	Number of days:
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2. Reason for locum relief:

- Professional development
 Recreation
 Illness
 Other: (please specify below)

3. Position Profile (please tick ALL that apply):

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Hospital based | <input type="checkbox"/> GP Obstetrics only |
| <input type="checkbox"/> Private | <input type="checkbox"/> Non-hospital based | <input type="checkbox"/> GP and GP Obstetrics |
| <input type="checkbox"/> Solo | <input type="checkbox"/> Specialist Obstetrics only | <input type="checkbox"/> GP Obstetrics and Gynaecology |
| <input type="checkbox"/> Group | <input type="checkbox"/> Specialist Obstetrics and Gynaecology | <input type="checkbox"/> Other: (please specify below) |

4. Does the locum require private medical indemnity?

- Yes
 No

CONFIDENTIALITY

The information you have provided will be used to assist with SOLS future planning. Your contact details will be kept on the SOLS confidential contact database, although information will also be used for administering and regulating SOLS.

We may share or transfer information relating to you and SOLS, including de-identified information concerning you and your experiences (which may include claims, clinical performance and related information), to committees or management groups established for the purposes of managing, regulating or overseeing SOLS, or provide contact details of your recent SOLS placements to future locums.

This information (and the information obtained by us for SOLS) may be used by us in connection with SOLS:

- for education and research purposes;
- for general workforce management; and
- otherwise as permitted by law.

By providing the information in this application form and signing below you are:

- Warranting that the information provided is true and correct and not misleading;
- Undertaking to promptly notify SOLS / RANZCOG in writing of any changes to the information provided; and
- Confirming your permission for SOLS / RANZCOG to use the data as described.

Applicant Name: *(please print)* _____

Signature:  _____ **Date:** _____

PAYMENT

Please return all pages of this form with your **non-refundable application fee of \$660** including GST to:

SOLS Project Co-ordinator

RANZCOG

254 – 260 Albert Street

East Melbourne VIC 3002

t: 03 9412 2912 | f: 03 9415 9306 | e: sols@ranzcoг.edu.au

TAX INVOICE

ABN 34 100 268 969

This document becomes a Tax Invoice
for GST when payment is received.

Please retain a copy of this page for your tax records.

OPTION 1: Cheque (Please make cheques payable to 'RANZCOG')

✂

OPTION 2: Credit Card **Visa** **MasterCard**

Cardholder's Name: _____ **Card Expiry:** _____ / _____

Card Number: _____

Amount: \$AUD 660.00 including GST **Signature:** _____

OFFICE USE ONLY **Cost Centre:** 1802 SOL9 Application Fee GP

Site: _____ **Locum:** _____ **Dates:** _____



APPLICATION TO RECEIVE A LOCUM GP

Application Form PART B

Information that will be given to the locum

CONTACT PERSON

Title:	Given Name:	Surname:
Email:	Phone:	
Fax:	Mobile:	

PLACEMENT DETAILS

1. Dates locum relief is required:

Start:	To:	Number of days:
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Position Profile: *(Please tick all that apply)*

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Hospital based |
| <input type="checkbox"/> Private | <input type="checkbox"/> Non-hospital based |
| <input type="checkbox"/> Solo | <input type="checkbox"/> Obstetrics only |
| <input type="checkbox"/> Group | <input type="checkbox"/> Obstetrics and General Practice |
| <input type="checkbox"/> Other: | _____ |

2. What aspects of the practice are computerised? *(Please tick all that apply)*

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Accounts | <input type="checkbox"/> Radiology | <input type="checkbox"/> Pathology reporting | <input type="checkbox"/> Correspondence with referring doctors |
| <input type="checkbox"/> Patient records | <input type="checkbox"/> Prescribing | <input type="checkbox"/> Internet Access | |

3. Please indicate staffing in your practice:

- Receptionist Practice Nurse Other (please specify): _____

4. Which operative procedures should the locum be comfortable and capable of performing?

- | | | |
|--|---|---|
| <input type="checkbox"/> Caesarean | <input type="checkbox"/> Instrumental delivery | <input type="checkbox"/> Emergency laparotomy |
| <input type="checkbox"/> D & C | <input type="checkbox"/> Forceps | <input type="checkbox"/> Ectopic pregnancy |
| <input type="checkbox"/> Marsupialisation of Bartholin cysts | <input type="checkbox"/> Ventuouse | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Manual removal of placenta | <input type="checkbox"/> Other please indicate: | |

5. Please list any further skills or requirements of your locum

6. Does the practice include:

- Anaesthetics Participation in after hours care Hospital roster
 Home visits roster Inpatient hospital care
 Other (please specify): _____

7. How many sessions is it anticipated that the locum will work in an average week? Hours

8. How many patients is it anticipated that the locum will see per hour? Patients

9. How many obstetric patients is it anticipated that the locum you see per week? Patients

10. How many deliveries do is it anticipated that the locum perform on average each month? Deliveries

11. Does your hospital perform high risk obstetrics? (i.e. less than 37 weeks, twins, etc)

- Yes No

12. Please describe the anticipated on-call roster: (for example, 1 night in 7) N/A

13. How many people share this on-call roster? N/A

14. Please describe the billing procedures that the locum will use:

- Fully private Bulk billing only Mixture of bulk billing and private billing

15. What professional support/referral services will be made available to the locum? (please tick as many which apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> GP Obstetricians – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> | <input type="checkbox"/> Anaesthetists – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> |
| <input type="checkbox"/> GP Obstetricians, non proc. – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> | <input type="checkbox"/> Paediatricians – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> |
| <input type="checkbox"/> GP Anaesthetists – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> | <input type="checkbox"/> Surgeons – please list how many: | <input style="width: 50px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Other: please specify below and how many: | <input style="width: 50px; height: 20px;" type="text"/> | <input type="checkbox"/> Midwives– please list how many: | <input style="width: 50px; height: 20px;" type="text"/> |
| <input style="width: 300px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | | |

16. What facilities, recreational activities and attractions will be available to the locum?

- | | | |
|---|--|--|
| <input type="checkbox"/> Hospital facility | <input type="checkbox"/> Cinema | <input type="checkbox"/> River |
| <input type="checkbox"/> Accommodation in your home | <input type="checkbox"/> Tennis courts | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Paid Accommodation | <input type="checkbox"/> Golf course | <input type="checkbox"/> Bush Walking |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Restaurant(s) | <input type="checkbox"/> Child Minding |
| <input type="checkbox"/> Motor vehicle | | |

17. What is it about your placement that a locum may find attractive? This information may be used in promoting your vacancy
