



# APPLICATION TO RECEIVE A LOCUM Specialist

## Application Form PART A

### DETAILS OF DOCTOR REQUIRING RELIEF (the Applicant)

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

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

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

#### 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*

<b>Start:</b>	<b>To:</b>	<b>Number of days:</b>
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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](mailto: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:** 1801 SOL9      Application Fee Specialist

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



# APPLICATION TO RECEIVE A LOCUM Specialist

## Application Form PART B

Information that will be given to the locum

### CONTACT PERSON

<b>Title:</b>	<b>Given Name:</b>	<b>Surname:</b>
<b>Email:</b>	<b>Phone:</b>	
<b>Fax:</b>	<b>Mobile:</b>	

### 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"/> Specialist Obstetrics only            |
| <input type="checkbox"/> Group        | <input type="checkbox"/> Specialist Obstetrics and Gynaecology |
| <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. Which operative procedures should the locum be comfortable and capable of performing? *(Please tick all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Colposcopy  | <input type="checkbox"/> Hysterectomy (vaginal)   | <input type="checkbox"/> Abdominal Hysterectomy |
| <input type="checkbox"/> Laparoscopy (diagnostic)                                    | <input type="checkbox"/> D&C                      | <input type="checkbox"/> Vaginal Repair         |
| <input type="checkbox"/> Laparoscopy (operative)                                     | <input type="checkbox"/> Lletz                    | <input type="checkbox"/> With mesh              |
| <input type="checkbox"/> Endometriosis   | <input type="checkbox"/> Termination of pregnancy | <input type="checkbox"/> Without mesh           |
| <input type="checkbox"/> Ectopic pregnancy   | <input type="checkbox"/> Sling Procedure          | <input type="checkbox"/> Laparotomy             |
| <input type="checkbox"/> Lap assisted vaginal hysterectomy                           | <input type="checkbox"/> Suburethral              | <input type="checkbox"/> Ovarian cystectomy     |
| <input type="checkbox"/> Vaginal vault resuspension                                  | <input type="checkbox"/> Transobturator           | <input type="checkbox"/> Salpingo-oophorectomy  |
| <input type="checkbox"/> BURCH colposuspension                                       | <input type="checkbox"/> Suprapubic               | <input type="checkbox"/> Ectopic pregnancy      |
| <input type="checkbox"/> Caesarean   | <input type="checkbox"/> Hysteroscopy             |   |
| <input type="checkbox"/> Endometrial Ablation: <i>(please indicate method)</i> _____ |   |   |
| <input type="checkbox"/> Other: _____  |   |   |

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

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5. Please indicate the ultrasound services that the locum will need to provide: *(Please tick all that apply)*

**PREGNANCY:**

- 1<sup>st</sup> Trimester Scan
- Nuchal Translucency
- Fetal structural assessment
- Monitoring growth
- Placental position
- Amniocentesis
- Chorionic villus sampling

**GYNAECOLOGY:**

- Abdominal scan:
- Pelvic organ assessment
- Trans vaginal scan:
- Pelvic organ assessment
- Follicle

6. On average, how many hours per week is it anticipated that the locum will

- Work as an obstetrician and gynaecologist **EXCLUDING** after hours and on call:
- Spend in the operating theatre **EXCLUDING** after hours and on call:
- Spend on other clinical work, for example, private consulting:

	Hours	<input type="checkbox"/> N/A
	Hours	<input type="checkbox"/> N/A
	Hours	<input type="checkbox"/> N/A

7. On call work.

How many hours per week is it anticipated that the locum will:

- Be **ROSTERED** on call at the practice or hospital:
- **ACTUALLY** work on call at the practice or hospital:
- Please describe the anticipated on-call roster (for example, 1 night in 7):
- How many people share this on-call roster?

	Hours	<input type="checkbox"/> N/A
	Hours	<input type="checkbox"/> N/A
		<input type="checkbox"/> N/A
		<input type="checkbox"/> N/A

8. What professional support/referral services will be made available to the locum?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> GP's - please list how many:          |  | <input type="checkbox"/> Midwives - please list how many:           |  |
| <input type="checkbox"/> Anaesthetists - please list how many: |  | <input type="checkbox"/> Paediatricians - please list how many:     |  |
| <input type="checkbox"/> Surgeons - please list how many:      |  | <input type="checkbox"/> Other - please specify below and how many: |  |

9. 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              |  |  |

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

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