



# REGISTRATION TO BE A SOLS LOCUM

## Application Form PART A

### LOCUM DETAILS

<b>Title:</b>	<b>Surname:</b>
<b>Given Names:</b>	<b>Preferred Name:</b>
<b>Date of Birth:</b>	<b>ABN:</b>
<b>GST Registered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### HOME ADDRESS

<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Home phone:</b>	<b>Home fax:</b>	<b>Mobile:</b>
<b>Home email:</b>		

### PRACTICE ADDRESS

<b>Practice Name:</b>		
<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Practice phone:</b>	<b>Practice fax:</b>	
<b>Practice email:</b>		

### CORRESPONDENCE

Please send all correspondence to my:

- Home address       Practice address       Other:

<b>Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>

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

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

### REASONS FOR ACTING AS A LOCUM

Please tell us your reasons for wishing to act as a locum for SOLS:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Primary source of income        | <input type="checkbox"/> Convenience (have spare time)      | <input type="checkbox"/> Opportunity to consider relocation |
| <input type="checkbox"/> Secondary source of income      | <input type="checkbox"/> Networking opportunity             | <input type="checkbox"/> Exposure to rural life             |
| <input type="checkbox"/> To gain experience in specialty | <input type="checkbox"/> Transition to full time retirement | <input type="checkbox"/> Support rural colleagues           |
| <input type="checkbox"/> Other: please specify: _____    |   |   |

## POSITION PROFILE

Please tick all that apply to your practice:

- |                                  |  |  |
|----------------------------------|--|--|
| <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:                        |

## MEDICAL REGISTRATION

In which state(s) do you currently have medical registration? (SOLS will assist in organising registration if required)

- |                              |                             |                              |                              |
|------------------------------|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> QLD | <input type="checkbox"/> SA | <input type="checkbox"/> ACT | <input type="checkbox"/> VIC |
| <input type="checkbox"/> NSW | <input type="checkbox"/> NT | <input type="checkbox"/> TAS | <input type="checkbox"/> WA  |

Where would you be prepared to act as a locum?

- |                              |                             |                              |                              |
|------------------------------|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> QLD | <input type="checkbox"/> SA | <input type="checkbox"/> ACT | <input type="checkbox"/> VIC |
| <input type="checkbox"/> NSW | <input type="checkbox"/> NT | <input type="checkbox"/> TAS | <input type="checkbox"/> WA  |

## MEDICAL INDEMNITY

What is your Medical Defence Organization? \_\_\_\_\_

What level of indemnity cover do you currently have? \_\_\_\_\_

Does your indemnity allow you to work in private practice?  Yes  No

## CURRICULUM VITAE

**Please note:** Your application will not be processed until a C.V. is received.

- YES** My Curriculum Vitae, including two referees, is attached.

## 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 locum employers.

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.

**Locum Name:** (please print) \_\_\_\_\_

**Signature:** \_\_\_\_\_



**Date:** \_\_\_\_\_

# REGISTRATION TO BE A SOLS LOCUM

## Application Form PART B

Information that SOLS will supply to the Applicant

<b>Title:</b>	<b>Surname:</b>
<b>Given Names:</b>	<b>Preferred Name:</b>

### Recency of practice

In November 2008, the SOLS Advisory Committee identified recency of practice as a key criterion to be included in locum applications. This is in accordance with the RANZCOG College Statement WP1-13: Re-entry guidelines following a prolonged period of absence from practice and retraining programs for Fellows (available on the RANZCOG website [www.ranzcog.edu.au](http://www.ranzcog.edu.au)).

### 1. Which operative procedures are you capable of performing?

Please indicate only those procedures that you have performed in the past 3 years. Please tick all the 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 please indicate method:		
<input type="checkbox"/> Other: please indicate:		

### 2. Other procedures:

Please indicate only those procedures that you have performed in the past 3 years. Please tick all the apply:

<b>ASSISTED VAGINAL DELIVERY</b>	<b>ULTRASOUND SCANNING</b>	<b>Gynaecology:</b>
<input type="checkbox"/> Standard forceps	<b>Pregnancy:</b>	<input type="checkbox"/> Abdominal scan:
<input type="checkbox"/> Ventouse	<input type="checkbox"/> 1 <sup>st</sup> Trimester Scan	<input type="checkbox"/> Pelvic organ assessment
	<input type="checkbox"/> Nuchal Translucency	<input type="checkbox"/> Trans vaginal scan:
	<input type="checkbox"/> Fetal structural assessment	<input type="checkbox"/> Pelvic organ assessment
	<input type="checkbox"/> Monitoring growth	<input type="checkbox"/> Follicle
	<input type="checkbox"/> Placental position	
	<input type="checkbox"/> Amniocentesis	
	<input type="checkbox"/> Chorionic villus sampling	

### 3. What professional support/referral services would you require?

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

**MEDICAL REGISTRATION/MEDICAL BOARD**

4. **Have there been or are there currently any restrictions on or undertakings concerning your right to practice, in any field?**

Yes  No

If **yes**, please provide full details (annex details if insufficient space).

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5. **Have you been or are you currently the subject of a disciplinary, practice or professional standards investigation, hearing or review involving a State/ Territory Medical Board?**

Yes  No

If **yes**, please provide full details, including details of any threatened or proposed penalties or restrictions (annex details if insufficient space).

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6. **Are you aware of or have you been notified of any events or circumstances concerning your conduct which could reasonably be expected to be the subject of an investigation, hearing or review involving a State/ Territory Medical Board?**

Yes  No

If **yes**, please provide full details (annex details if insufficient space).

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7. **Are you aware of a complaint being made or referred to the a State/ Territory Medical Board within the previous 12 months, regarding your conduct?**

Yes  No

If **yes**, please provide full details (annex details if insufficient space).

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**Please return this form to:**

**Katie Juno, SOLS Project Co-ordinator**

RANZCOG, 254 – 260 Albert Street

East Melbourne VIC 3002

(t) 03 9412 2912 | (f) 03 9415 9306 | (e) [kkuno@ranzcog.edu.au](mailto:kkuno@ranzcog.edu.au)