**RWAV LOCUM PROGRAM**

**Application to become a GP locum**

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| **Personal Details** | | |
| Name: |  |  |
| Address: |  |  |
| Residency status (i.e. citizen, permanent resident/temporary resident): |  |  |
| Phone number: |  |  |
| Mobile number: |  |  |
| Email: |  |  |
| Date of Birth (dd/mm/yyyy): |  |  |
| **Qualifications** | | |
| Please list qualifications (i.e.  FRACGP, ACCRM) and other medical qualifications if relevant: |  |  |
| Are you Australian or overseas trained?: |  |  |
| Year first registered in Australia: |  |  |
| Type of registration:  General and/or specialist, Limited etc.? |  |  |
| Are you subject to any Medicare restrictions? (i.e. 19AA/19AB) | Yes | No |
| Please list the main computer systems you use (Medical Director, Best Practice etc.): |  |  |
| Prescriber number: |  |  |
| Provider number (if multiple give details of current): |  |  |
| HPI-I number: |  |  |
| **General Practice Experience** | | |
| Number of years in general practice: |  |  |
| Have you ever worked in **rural** general practice before? Any solo practice experience?  **Give details.** | Yes | No |
| Have you ever worked as a rural locum before?  **Give details.** | Yes | No |

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| Do you have procedural skills? (E.g. Obstetrics, Surgery, Anaesthetics)  **Give details.** | Yes  No |
| Do you have up to date emergency skills?  Please provide certificate: | Yes  No |
| Any additional medical specialties and interests? (i.e. mental health, Aboriginal health, women’s health) |  |
| **Locum Work Requirements** | |
| Type of locum arrangement? Ad-hoc 1-4 weeks per year, or regular ongoing locums? |  |
| Availability (dates you can provide locum services): |  |
| Are you prepared to provide on-call and/or VMO services and nursing home visits? |  |
| How many sessions per week? (Standard is 10 sessions.) |  |
| What are your required fees and terms for placements?  Please note fees can vary for each placement and we can negotiate on your behalf. |  |
| Any preferred locations you wish to work? (ie. Murray, Gippsland, West Victoria) |  |
| Will you travel on your own or with family? **Please give details**  Any pets?  Please note accommodation may charge cleaning fees for pets. |  |
| Any particular accommodation requirements? Or other requirements/preferences? |  |

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| **References** | |
| Name, role, contact number(s) and email address of one referee. Please note that you may need to provide details of at least two additional clinical referees for credentialing purposes at each location. |  |
| Emergency contact/next of kin.  Name, address, contact number(s) and relationship. |  |

**Please provide the following supporting documents. Practices may request additional documents for their own credentialing purposes.**

* Resume (updated)
* Current Working with Children Check (must be current/valid)
* Current Police check (must be current/valid)
* Current indemnity insurance certificate
* Photo ID – (passport and drivers license only for 100 point check)
* FRACGP/ACCRM Certificate. If newly fellowed (under five years) also require copy of medical degree
* Current CPD statement
* Referee details (email/phone addresses of two professional contacts)

**Candidate Acknowledgement and Consent Form**

I, ( PRINT NAME) Date of Birth:

* Confirm that to the best of my knowledge the information I will provide to Rural Workforce Agency, Victoria (RWAV) is true and accurate.
* Confirm that I hold current medical registration and give permission to RWAV to seek further information if necessary.
* Understand that RWAV recruits and supports GPs (primary healthcare), nursing and allied health workforces where needed in Victoria (MM 2- 7) with particular regard to the needs of rural, regional and Aboriginal communities.
* Acknowledge that, to assist me with a suitable placement, RWAV may need to disclose my personal information to outside third parties for the sole purpose of assistance to a suitable placement.
* Consent to RWAV forwarding my CV and other relevant professional and personal information provided by me to RWAV or obtained by RWAV during the recruitment process, to any appropriate organisations to support my case management by RWAV into a suitable placement.
* Consent to being contacted directly about my inquiry/application by RWAV or other associated organisations seeking any additional information that is required.
* Give my permission for RWAV to retain on file all information relevant to my inquiry/application. This may include inquiry, application and interview documentation, interview recommendations, referee reports, training requirements, supervision and mentoring documentation, and other related documentation.
* Give my permission for RWAV upon my placement to promote my commencement in practice in RWAV publications.
* Understand that the collection, use and disclosure of my personal or sensitive information are necessary for the purposes described in the RWAV Privacy Policy, and I understand that RWAV cannot provide its services to me without this consent. I also give permission for RWAV to retain this information and use it in de-identified reports and research.

**Signed by:** **Date:**

Privacy Statement: Your privacy is respected by RWAV. Procedures relating to privacy are set out in a policy statement that can be obtained from the RWAV website [www.rwav.com.au/privacypolicy](http://www.rwav.com.au/privacypolicy). If you have any concerns or would like to verify information held about you, please contact the RWAV Privacy Officer.