

**GP CLINICAL ATTACHMENT
NOMINATION FORM**

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| --- |
| **PERSONAL DETAILS:** |
| **First name:** |  | **Surname:** |  |
| **Correspondence address:** |  |
| **Email address:** |  |
| **Mobile / phone number** |  |
| **Do you hold a ‘general registration’ with the Australian Health Practitioner Regulation Agency (AHPRA)** **Ye**s 🞎 **No** 🞎 (Please tick appropriate box) |
| **Emergency contact details:** | **Contact name:**  |
| **Relationship to you:**  |
| **Contact number:** |

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| --- |
| **PLACEMENT DETAILS:** |
| **Commencement date:** |  **/ /** |
| **End date:**  |  **/ /***(Generally not more than two weeks)* |
| **Department:** | **Emergency Department** |
| **Name of Supervisor:** | **Dr Carmel Crock** |
| **Position of Supervisor:** | **Director, Emergency Department** |

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| **FORM COMPLETED BY:** | **APPROVED BY HEAD OF CLINIC/UNIT:** |
| **Name:**  |  | **Name:** | **Dr Carmel Crock** |
| **Signature:**  |  | **Signature:**  |  |
| **Date:**  |  | **Date:**  |  **/ /** |
| *\* This form must be authorised by the Director, Emergency Department prior to forwarding to the Medical Workforce Unit* |



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**Department checklist of attachments from practitioner seeking GP Clinical Attachment**

[ ]  CV

[ ]  Copy of current Medical Registration Certificate from the Australian Health Practitioner Regulation Agency (AHPRA)

[ ]  Confidentiality Agreement

[ ]  A Criminal History Statutory Declaration stating that you do not have any criminal convictions or matters pending in relation to offences involving children and/or drugs.

**OR**

[ ]  Approval to perform Police Records Check (a copy of driver’s license and passport bio data page is required).

**Medical Workforce and Support Unit Use Only**

[ ]  Checklist complete and all above documents attached

[ ]  Confirmation letter and supporting documents sent to GP

[ ]  Spreadsheet updated

[ ]  Visitor ID Badge to be issued by Security

[ ]  request for feedback - survey monkey link sent [www.surveymonkey.com/s/678PT2R](http://www.surveymonkey.com/s/678PT2R)