

**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 one week)* |
| **Department** | 🞎 **Emergency Department**🞎 **Acute Ophthalmology Services Clinic**🞎 **Acute ENT Clinic** |
| **Name of Supervisor** |  |

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| --- | --- |
| **FORM COMPLETED BY:** | **APPROVED BY HEAD OF CLINIC/UNIT:** |
| **Name:**  |  | **Name:** |  |
| **Signature:**  |  | **Signature:**  |  |
| **Date:**  |  | **Date:**  |  **/ /** |
| *\* This form must be authorised by the Head of Clinic/Unit prior to forwarding to the Medical Workforce Unit (MWU) or alternatively an email from Head of Clinic has been forwarded to MWU approving the placement.* |



**GP CLINICAL ATTACHMENT NOMINATION FORM**

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

[ ]  Completed nomination form (including acceptance from Head of Clinic/Unit)

[ ]  Curriculum Vitae/Resume

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

[ ]  Confidentiality Agreement

[ ]  Staff Health Survey (with supporting documentation)

Police Check

[ ]  Less than 5 working days - 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**

[ ]  Greater than 5 working days - a Police History/Clearance Certificate from your home country (certified translation in English) not older than 3 months at time of arrival at RVEEH