

**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** | | |

|  |  |
| --- | --- |
| **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** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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