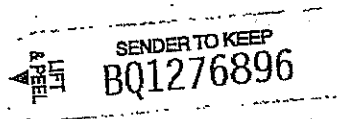


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Queensland
Government

Queensland Health

**BUNDABERG HEALTH SERVICE DISTRICT
MEDICAL SERVICES**

Enquiries to: Dr Darren Keating
Telephone: 4150 2210
Facsimile: 4150 2029
Our Ref: DK:sh

1 February 2005

Department of Immigration
and Multicultural Affairs
GPO Box 9984
BRISBANE QLD 4001

Dear Sir/Madam

Re: Dr Jayant PATEL — Extension of Visa

We would be pleased if you could process the enclosed application for a four year visa for the abovenamed doctor. Dr Patel will be employed as a Senior Medical Officer.

Please find attached:

- Dr Patel's Form 147
- Form 55
- Police clearances
- Payment for the \$245.00
- Copy of Position Description.
- Copy of approved "Area of Need" form.

Dr Patel has completed the necessary paperwork for registration with the Medical Board of Queensland.

Should you require further information or clarification, please contact Sue on 4150 2220.

Yours sincerely

Dr. Darren Keating
Director of Medical Services



Australian Government

Sponsorship for temporary residence in Australia (non-business)

Form

55

Department of Immigration and
Multicultural and Indigenous Affairs

Please Note:

If your applicant's intended stay is for 3 months or less, then a Business (short stay) visa (subclass 456) may be more appropriate (see pages 4 and 5).

It does not include personal debts that a sponsored person might owe to private individuals or organisations in Australia.

Who should be included in the sponsorship?

All family unit members (accompanying your sponsored person) need to be listed on the sponsorship form, including family members who may wish to join their family later.

Who should use this form?

Use this form to sponsor a person for temporary employment in Australia under one of the following non-business visa subclasses:

- foreign government agency
- educational
- sport
- media and film staff
- public lecturer
- domestic worker for overseas executive
- religious worker
- temporary medical practitioner

Details about each subclass are on pages 4 and 5.

Other sponsorship arrangements NOT covered by this form

If you want to sponsor a skilled person for long stay temporary business employment in Australia, you should complete a Sponsorship form 1196 *Sponsoring temporary overseas employees to Australia*.

If you want to sponsor the entry of an overseas entertainer, you should complete form 148 *Sponsorship for temporary entry of overseas entertainers to perform in Australia*.

All DIMIA forms are available from
www.immi.gov.au/allforms/index.htm

Who can be a sponsor?

A business which is a legally operating entity in Australia who needs to recruit non-resident temporary personnel and who will be offering employment to the person can be the sponsor.

A company which is recruiting people from overseas to be employed by another company cannot be the sponsor.

Sponsorship undertaking

The sponsor must sign the undertaking at the end of the form.

The undertaking is provided to support the principle that the entry of temporary residents should not result in financial cost to the Australian community. This means that the Australian government can request a sponsor to reimburse it for any outstanding debts owed to the Commonwealth which are accrued by the sponsored person during their stay in Australia.

This could include medical costs related to the sponsored person or their dependants, or travel costs if repatriation became necessary and the employee was unable or unwilling to pay for the costs involved.

How to apply

Step 1

Check if sponsorship and Labour Market Testing are required

Check the details for each visa subclass on pages 4 and 5 to see if sponsorship is required for the proposed length of stay in Australia. In most cases it is needed for a stay of more than 3 months.

Also check to see if Labour Market Testing (LMT) is required for the proposed visa subclass and proposed period of stay.

If you require further information you should contact the nearest DIMIA office.

Step 2

Check if a charge is required

You may be required to pay the non-refundable charge when you lodge the sponsorship application.

Method of payment

Payment must accompany your application and is generally not refunded if the application is unsuccessful. To make a payment in Australia, please pay by credit card, debit card or by bank cheque or money order payable to Department of Immigration and Multicultural and Indigenous Affairs. **Please do not pay by cash or personal cheque.**

Payment of the charge does not guarantee approval of the sponsorship.

Step 3

If required, carry out Labour Market Testing

If LMT is required, you must:

- lodge the vacancy with a job placement provider for national listing for a minimum of 4 weeks during the 8 weeks before lodging the nomination, or
- obtain a waiver of this requirement from a job placement service provider,

and

- advertise the vacancy in a Saturday and a weekday edition of both a metropolitan and a national daily newspaper (a total of 4 separate advertisements), or

Continued on the next page ▶

Department of Immigration and Multicultural Affairs
ABN: 33 380 054 835

TAX INVOICE/RECEIPT

651

Receipt Number

2120506935

Date

10/02/2005

Payer's Name

BLANDBERG DISTRICT HEALTH
SERVICE

Applicant's
Name

BLANDBERG DISTRICT HEALTH
SERVICE

Service details

3301 Non-Bus T/R S'ship: Medical Pr
(1 of) \$245.00

Note†

Permission Request ID 815508941

Invoice total

\$245.00

Payment details

Credit Card

\$245.00

Total amount paid on this receipt:

RRPBA

Received by

Signature

Brisbane Regional Office

Office

Original Receipt

Comments

† where receipt exceeds \$1000 and GST applies, include payer's ABN and/or address
NOT valid without DIMA cash register imprint OR signature of authorised person.

Original - to client, Copy - attach to application

PZ 651 (11/03)

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If you decide to change the authorised recipient that you have nominated after you have lodged your application, you must promptly advise DIMIA in writing of the details of that person. You may use form 1231 *Appointment of authorised recipient* for this purpose.

Authorisation of a migration agent to act on your behalf

If you have a migration agent acting on your behalf in relation to your sponsorship you need to complete **Part F Options for receiving written communications** and **Part I Migration agent details**. The migration agent will need to sign at **Part J**.

Appointing a migration agent to act on your behalf includes authorising DIMIA to send to that agent any written communication about your sponsorship that would otherwise have been sent to you. You will be taken to have received any documents sent to that agent as if they had been sent to you.

When you provide details of the migration agent please make sure you give the agent's 7-digit migration agent registration number (MARN) and the agent's full name.

If you change your migration agent or end his/her appointment after you have lodged this application you must promptly advise DIMIA by using the form 956 *Appointment of migration agent or exempted agent*, which is available on the DIMIA website or from your migration agent. You should also notify the agent of this, preferably in writing.

Appointing a migration agent to act on your behalf includes authorising DIMIA to:

- discuss your sponsorship with your agent and seek further information via your agent; and
- send to your agent any written communication about your sponsorship that would otherwise have been sent to you.

This means your migration agent will be your authorised recipient for written communication under section 494B of the *Migration Act 1958* and you will be taken to have received any documents sent to the migration agent as if they were sent to you.

DIMIA will communicate with your agent about your application, including your personal information, financial viability and sponsoring relationships. If your agent authorises it, this communication may take place by e-mail. DIMIA will only send to your agent information which you are entitled to receive.

In some situations DIMIA staff will need to speak with you directly, rather than your migration agent, for example, if you are applying for a visa DIMIA may interview you about your personal circumstances relevant to the visa application. In some situations DIMIA staff will also send the documents to you directly instead of sending these to your agent, but will inform your agent that it has done so.

If you have appointed a migration agent to act for you, you are still responsible for the accuracy of information and supporting documentation that you provide to your agent so that your agent can provide it to DIMIA.

Using a migration agent

You are not required to use a migration agent. However, if you intend to use a migration agent you are advised to use a registered migration agent.

Under Australian law, anyone who uses knowledge of migration procedures to offer immigration assistance to a person wishing to obtain a visa to enter or remain in Australia must be registered.

A list of registered migration agents is available from the Migration Agents Registration Authority (MARA) website www.themara.com.au

You can contact the MARA at:

PO Box Q1551
QVB NSW 1230
AUSTRALIA

Telephone: 61 2 9299 5446

Facsimile: 61 2 9299 8448

E-mail: themara@themara.com.au

Registered migration agents are bound by the Migration Agents Code of Conduct and generally charge for their services. The MARA investigates complaints against registered migration agents and may take disciplinary action against them. If you have a concern about a registered migration agent, you should contact the MARA. You can also download a copy of the complaint form from MARA's website.

Using an agent exempted from registration

Only registered migration agents can provide immigration assistance for a fee or gift. However, certain people, such as sponsors of visa applicants, are able to provide immigration assistance as exempted agents so long as they do not receive a fee or gift.

If you wish to appoint an exempted agent you must complete form 956 *Appointment of migration agent or exempted agent* and attach it to this application form.

Consent to communicate electronically

DIMIA may use a range of means to communicate with you. However, electronic means such as fax or e-mail will only be used if you indicate your agreement to receiving communication in this way.

To process your application DIMIA may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to DIMIA communicating with you by electronic means, the details you provide will only be used by DIMIA for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to use for another purpose. They will not be added to any mailing list.

The Commonwealth Government accepts no responsibility for the security or integrity of any information sent to DIMIA over the internet or by other electronic means.

If you authorise another person to receive documents on your behalf and they wish to be contacted electronically, their signature is required on the form to indicate their consent to this form of communication.

Continued on the next page >

SUBCLASS	PURPOSE	SPONSORSHIP AND OTHER REQUIREMENTS
423 Media and Film Staff	<p>For correspondents and other professional media staff posted to Australia by overseas news organisations, and photographers and film and television crews making documentaries or commercials for overseas consumption.</p> <p>Note: Media staff (only) can be considered for a 456 Business (Short Stay) for under 3 months or 457 Temporary Business (Long Stay) for over 3 months.</p>	<p>Sponsorship – is required for a stay of more than 3 months.</p> <p>Labour Market Testing – is not required.</p> <p>Details that must be attached to sponsorship application:</p> <p>The proposed subject matter and intended locations in Australia; the purpose for which the film/videotape is to be used; where the film is to be processed; conditions of employment for crew members; and Australian technical staff and/or entertainers to be hired (including numbers and positions).</p> <p>Condition 8107¹ is a mandatory condition attached to all visas in this subclass.</p>
424 Public Lecturer	<p>For professional lecturers or subject experts invited to make public presentations.</p> <p>Note: If the period of stay is for less than 3 months, the 456 Business (Short Stay) is appropriate.</p>	<p>Sponsorship – is required for a stay of more than 3 months, unless the sponsored person seeks to enter Australia under a bilateral agreement between Australia and another country.</p> <p>Labour Market Testing – may be requested by DIMIA.</p> <p>Details that must be attached to sponsorship application:</p> <p>The itinerary showing details of venues and appearances; details of the fee or salary to be paid to the sponsored person; and a brief biography of the sponsored person.</p> <p>Condition 8107¹ is a mandatory condition attached to all visas in this subclass.</p>
427 Domestic worker for overseas executive	<p>For domestic staff of holders of visas in subclass 457 Long-stay temporary business entry (executives only). A visa in this subclass may only be granted where it can be shown that the entry of domestic staff is necessary for the proper discharge of the executive's representational duties.</p>	<p>Sponsorship – is required if the executive is sponsored.</p> <p>If the executive is not sponsored an acceptable employment agreement must be provided. The agreement is between the applicant and the executive and should outline details of the position including the salary package, which must be commensurate with the awards and standards for equivalent positions in the Australian labour market.</p> <p>Labour Market Testing – may be requested by DIMIA.</p> <p>Condition 8107¹ is a mandatory condition attached to all visas in this subclass. The holder of the visa must not remain in Australia after the permanent departure of their employer.</p>
428 Religious Worker	<p>For religious workers, including ministers, priests and spiritual leaders to serve the spiritual needs of people of their faith in Australia.</p>	<p>Sponsorship – required in all cases.</p> <p>Religious Worker agreement – may be negotiated with the sponsoring organisation. An agreement would specify the number and type of religious workers to be sponsored over a period of time, and annual monitoring arrangements.</p> <p>Monitoring – to evaluate the integrity of this visa subclass, sponsors with Agreements will be monitored by DIMIA to ensure that they comply with their sponsorship undertakings in relation to the visa holder and accompanying family members.</p> <p>Labour Market Testing – may be requested by DIMIA.</p> <p>Details that must be attached to sponsorship application:</p> <p>Evidence that: the sponsorship is supported by a senior authority of the religious organisation in the relevant State/Territory; a written undertaking guaranteeing provision of applicants travel expenses on leaving Australia if required, and a guarantee not to attempt to recover any costs from the applicant related to any travel costs and support in Australia; and if sponsoring for the first time, evidence that the organisation is a 'religious' organisation.</p> <p>Condition 8107¹ is a mandatory condition attached to all visas in this subclass.</p>

¹ Condition 8107 states you must not:

- i) cease to be employed, or cease to undertake the activity in relation to which your visa was granted; or
- ii) work in a position, or engage in an activity, that is inconsistent with the position or activity in relation to which your visa was granted; or
- iii) engage in work for another person or on your own account while undertaking the employment or activity in relation to which your visa was granted.



Australian Government

Department of Immigration and
Multicultural and Indigenous Affairs

Sponsorship for temporary residence in Australia (non-business)

Form

55

Part A – Details of sponsor

1 Details of sponsoring organisation or sponsor in Australia

Name of organisation or sponsor

Bundaberg Health Service
District

Street address of organisation or sponsor

Bundaberg Base Hospital
Bairbong Street
Bundaberg POSTCODE 4670

Postal address of organisation or sponsor

(If same as street address, write 'AS ABOVE')

PO Box 34
Bundaberg POSTCODE 4670

2 Australian Business Number / Australian Company Number (if applicable)

3 Do you agree to DIMIA communicating with you by facsimile, e-mail or other electronic means?

No ☐

Yes ☒ Give details

Facsimile number (AREA CODE)

E-mail address

4 Is this your first sponsorship?

No ☒

Yes ☐ Refer to Part C for documentation that must be attached

5 Nature of business

Hospital

6 Details of employees

How many people are employed by the organisation/sponsor in Australia?

800+

How many are in the same occupation as the sponsored position?

1 + 2 VMOs

How many employees are not Australian citizens or residents?

22

Part B – Details of sponsored position

7 Job title

Director of Surgery

8 Occupation (if not described by job title)

9 Is the position

Full-time ☒

Part-time ☐

10 Proposed period of employment in Australia (years, months)

4 Years

11 Address of workplace

Bairbong Street
Bundaberg Q POSTCODE 4670

12 Will the sponsored person receive a salary?

No ☐

Yes ☒ Give details

As per State Award

13 Details of salary package

Annual salary \$5100092.20

Other benefits

Car + Accommodation provided

OR tick if details are attached ☒

14 Job description

OR tick if details are attached ☒

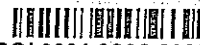
15 Qualifications and essential skills required for the position

MRBS & MRChB

OR tick if details are attached ☐

Continued on the next page ▶

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Family name

Given names

Sex Male ☐ Female ☐

Date of birth DAY MONTH YEAR

Relationship to sponsored person

Citizenship of passport

Family name

Given names

Sex Male ☐ Female ☐

Date of birth DAY MONTH YEAR

Relationship to sponsored person

Citizenship of passport

Part F – Options for receiving written communications

- 25 All written communications about this application should be sent to:
(Tick one box only)
- Sponsor ☒ All written communications will be sent to the address for communications that you have provided in this form. Go to Part K
- Migration agent ☐ Go to Part I
- Agents exempted from registration ☐ You must complete form 956 *Appointment of migration agent or exempted agent* and attach it to this application form. Go to Part K
- Authorised recipient ☐ This is a person authorised to receive written communications other than a migration agent. All written communications that would otherwise have been sent to you in relation to this application will be sent to that person.

Continued on the next page ▶

Part E – Assistance with this form

22 Did you receive assistance in completing this form?

No ☒ Go to Part F

Yes ☐ Please give details of the person who assisted you

Family name (not a business or company name)

Given names

Address

POSTCODE

23 Is the person a registered migration agent?

No ☒

Yes ☐ Go to Part F

24 Did you pay the person and/or give a gift for this assistance?

No ☒

Yes ☐ How much did you pay?

A\$ AND/OR

What kind of gift did you give? (eg: jewellery)

Value of gift (approximately)

A\$

Part K – Payment details

32 How will you pay your application charge?

Bank cheque ☐ Please make payable to: Department of
Immigration and Multicultural and
Money order ☐ Indigenous Affairs

EFTPOS ☐

Credit card ☒ Give details below

Payment by (tick one box)

Australian Dollars

MasterCard <input checked="" type="checkbox"/>	Visa <input type="checkbox"/>
Bankcard <input type="checkbox"/>	Diners Club <input type="checkbox"/>
American Express <input type="checkbox"/>	JCB <input type="checkbox"/>

A\$ 245.00

Credit card number

Expiry date MONTH YEAR
02 / 08

Cardholder's name

Telephone

Address

Bundaberg Base Hospital

P.O. Box 34

Bundaberg

POSTCODE 4670

Signature of
cardholder

[Signature]

Credit card information will be used for charge paying purposes only

Part L – Documents you must attach

33 Please attach the following documents to this application if you have ticked the 'attached' box in response to any question or if the document is listed as a requirement for your sponsored person's visa subclass.

Take a copy of the documents for your own records.

	Documents	Attached?
Q4	Evidence, such as financial or annual reports, bank statements, audit reports, a statement on company letterhead, or other material to show: <ul style="list-style-type: none"> the type of business the company is operating; recent business undertakings; financial status; the size of the business including the number of employees and the location of offices or plants; and how long the company has been operating. 	<input type="checkbox"/>
Q13	Details of salary package	<input type="checkbox"/>
Q14	Job description	<input type="checkbox"/>
Q15	Details of qualifications and essential skills required for the position	<input type="checkbox"/>
Q16	For religious organisations only: evidence of tax exemption status from the Australian Taxation Office	<input type="checkbox"/>
Q21	Details of additional family members	<input type="checkbox"/>
	Other attachments as listed for the sponsored person's visa subclass	<input type="checkbox"/>

Continued on the next page ▶



JOB DESCRIPTION

VACANCY REFERENCE NO: BB05-0104

POSITION TITLE: Director of Surgery

LATTICE POSITION NO: 104005

LOCATION: Department of Surgery
Bundaberg Base Hospital

CLASSIFICATION LEVEL: M01-1 – M01-7

SALARY LEVEL: \$3 970.10 - \$5009.90 per fortnight

REPORTS TO: Director of Medical Services
Bundaberg Health Service District

AWARD: District Health Services – Senior Medical Officers' and
Resident Medical Officers Award – State 2003

REVIEW DATE: January 2005

DELEGATE AUTHORISATION:

Name: Darren Keating, Director of
Medicine

Signature:

Date: 14.01.2005

PURPOSE OF POSITION

- To manage and coordinate the provision of Surgical Services within the Bundaberg Health Service District (BHSD).
- To provide general surgical services in BHSD, primarily from Bundaberg Base Hospital.
- To teach medical staff and students, allied and nursing staff.
- To actively contribute to patient safety and quality improvement programs.

ORGANISATIONAL ENVIRONMENT AND KEY RELATIONSHIPS

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District extends from Miriam Vale Shire in the north to Isis Shire in the south, and includes Town of 1770 and Agnes Water, Bundaberg City and surrounding coastal towns from Moore Park Beach to Woodgate, the towns of Childers, Gin Gin and Mount Perry. The District services a population of 82,211. The Bundaberg Health Service District maintains a 136 bed hospital in Bundaberg, a 17 bed hospital in Gin Gin, an 18 bed hospital in Childers, and Health Centre in Mount Perry.



COI.0001.0003.00098

The Bundaberg Base Hospital is a Level 4 hospital, and provides services including accident and emergency; surgery; orthopaedics; obstetrics and gynaecology; paediatrics; medicine; intensive care/coronary care; theatre and anaesthetics; rehabilitation; palliative care; renal dialysis; ambulatory services/specialist outpatients; medical imaging; pathology; mental

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health services; and allied health services. Community health services provided by the District include oral health; BreastScreen Queensland; social work; indigenous health; Alcohol Tobacco & other Drug Services; health promotion; aged care assessment; home medical aids; palliative care; sexual health; Transition to School Developmental Assessment team; Home and Community care; diabetes education; stomatherapy; community & family health.

Bundaberg Health Service District has approximately 600 full time equivalent employees.

ROLE OF THE DEPARTMENT

The Department of Surgery provides emergency and elective surgery in the disciplines of general orthopaedic, and urological surgery.

Staffing is provided by a mixture of staff and visiting specialists. The Department has 2 Principal House Officers (PHOs), 1 Junior House Officer (JHO) and 1 Intern.

REPORTING RELATIONSHIPS

Relationship between the position and the supervisor - The Director of Surgery will report directly to the Director of Medical Services (DMS), BHSD.

Role of staff reporting to the position - The Staff Surgeon, Staff Orthopaedic Surgeon, Visiting Medical Officers in Surgery and Orthopaedics and Resident Medical Officers will report to the Director as appropriate.

ORGANISATIONAL CHART

See attached.

POSITION REQUIREMENTS

Queensland Health is committed to achieving our mission of promoting a healthier Queensland and our vision to be leaders in health – partners for life. We recognise that Queenslanders trust us to act in their interest at all times. To fulfil our mission and sustain this trust we share four core values of: quality and recognition; professionalism; teamwork; and performance accountability.

In addition we will be successful in promoting a healthier Queensland through the following five strategic intents; healthier staff; healthier partnerships; healthier people and communities; healthier hospitals and healthier resources. The primary duties and assessment criteria outlined in this job description reflect the commitment to our mission, vision, values and strategic intents which are required by this position.

POSITION REQUIREMENTS - DUTIES, RESPONSIBILITIES, KNOWLEDGE AND WORK BEHAVIOURS

Duties

- Lead the department in the provision of a high standard of surgical care to patients of BHSD. This includes provision of acute in-patient and outpatient care, participation in the 24 hour on-call roster and supervision of junior medical staff.
- Coordinate the provision of above services while applying and/or implementing Queensland Health (QH) and Health Service District (HSD) goals, targets and policies.
- Provide consultation services to other departments of BHSD.
- Provide advice to the Director of Medical Services on professional issues including medical appointments, credentialing of all members of the department and consumers complaints as required.
- Document relevant clinical information legibly, concisely and accurately in medical records.
- Manage the Department of Surgery's personnel, financial and equipment resources in an efficient and effective manner while maintaining budget integrity.

COI.0001.0003.00099

- **Highly Desirable:** Perform GI endoscopy procedures (emergency and elective) as part of Endoscopy Team

Education and Training:

- Responsible for the department specific orientation of all staff in the department including medical students.
- Lead educational activities involving junior medical staff and students, nursing and allied health care personnel, and attend educational meetings as appropriate.
- Direct appropriate development of general surgical expertise of surgical trainees, resident medical staff and medical students including evaluation and feedback of performance of these three categories of staff.
- Participate in research projects in conjunction with other health service staff.
- Foster clinical and academic relationships within the BHSD and the broader clinical community.

Quality Improvement

- Lead and manage the development, implementation and review of quality improvement programs, peer review and clinical guidelines/pathways to ensure safe and high quality clinical services.
- Advise the development, review and implementation of policies, protocols, technology and equipment for the provision of surgical services.
- Participate in the performance appraisal process.
- Be aware of and implement BHSD infection control policies and procedures.
- Lead and/or participate in HSD committees as required for position.
- Participate in a working environment that supports quality human resource management practices including workplace health & safety, employment equity, anti-discrimination and ethical behaviour.

Knowledge

- A broad specialist level of knowledge of general surgery (emergency and elective) with commensurate experience level.
- Sound knowledge of quality improvement processes and it is desirable to understand how these processes relate to the EQUIP tool of the Australian Council on Healthcare Standards.
- Sound knowledge of (or preparedness to learn about) legislative framework including Health Services Act, Coroners Act, Mental Health Act, and Power of Attorney Act.

PRIMARY DELEGATIONS AND ACCOUNTABILITIES

No financial or Human Resource delegations associated with this position.

MANDATORY CRITERIA:

Qualifications & Registration

Qualifications as a general surgeon suitable for specialist registration by the Medical Board of Queensland is essential.

Appointment to this position requires proof of qualification and/or registration with the appropriate registration authority, including any necessary endorsements, to be provided prior to commencement of duty.

Vaccinations & Inoculations

"Health Care Workers in Queensland whose occupation poses a potential risk of exposure to blood and body fluids must be immunised against Hepatitis B according to the National Health and Medical Research Council Australian Immunisation Handbook, current edition and the Queensland Health Infection Control Guidelines.

Hepatitis B immunisation is a condition of employment for Health Care Workers in Queensland Health who have direct patient contact (eg medical Officers, nurses and allied health staff), as well as those staff who, in the course of their work, may be exposed to blood or body fluids, for example by exposure to contaminated sharps eg (but not confined to) plumbers.

Proof of vaccination must be provided at application. Proof of vaccination can be provided via a letter from a General Practitioner, infection control or occupational health department and should consist of a titre level or documentation of seroconversion. (Please note that "non-reactive" does not constitute evidence of seroconversion and will not be accepted as evidence).

ADDITIONAL FACTORS

Queensland Health is a "smoke free" employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

Probation

All new permanent employees to Queensland Health will be required to undertake a period of probation upon commencement of duty. This period will be 6 (six) months in length with a possible 3 (three) month extension if performance objectives are not met.

Pre-Employment Checks

This position may be subject to pre-employment history checks including a working with children suitability check (Blue Card), criminal history, identity or previous disciplinary history checks for the preferred applicant.

The Bundaberg Health Service District is an Equal Employment Opportunity Employer

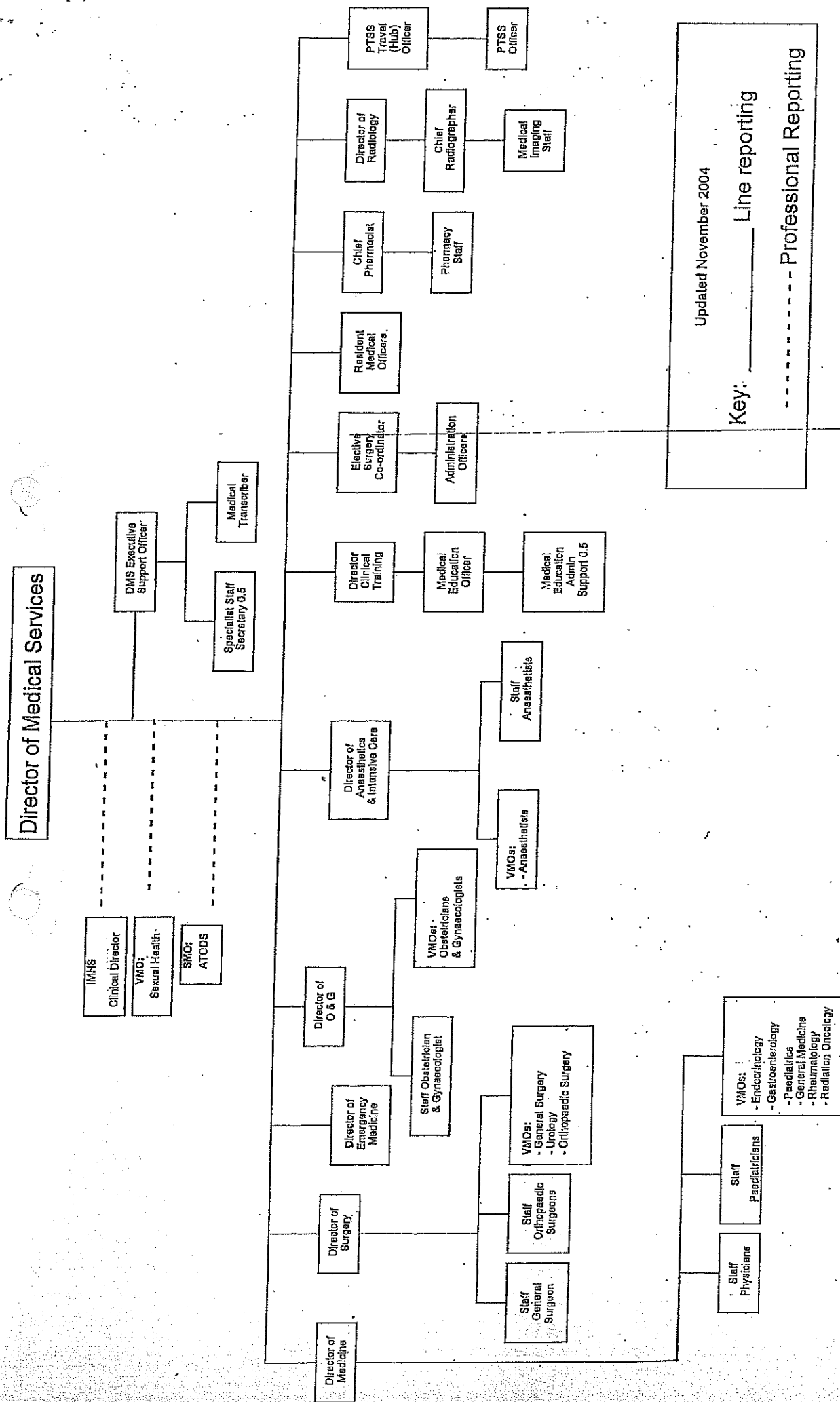
ASSESSMENT CRITERIA

Your application for this position must specifically address each of the selection criteria listed below. It should also contain the names and telephone numbers of at least two referees, who may be contacted with respect to your application.

Applicants will be assessed by written responses to the following assessment criteria (30%) which will also be utilised as a short listing activity. Short listed applicants will be further assessed by verbal responses at a structured interview (70 %).

All criteria have equal weighting.

- AC1** Possess contemporary surgical knowledge, skills and experience in the management of emergency and elective general surgery patients.
- AC2** Demonstrate ability to direct and manage a Department of Surgery to ensure effective and efficient use of available resources in provision of surgical care.
- AC3** Demonstrate well developed written and verbal communication skills that contribute to a multidisciplinary team achieving successful patient outcomes.
- AC4** Demonstrate strong, ongoing commitment to participation in patient safety and quality improvement programs.
- AC5** Ability to participate in a working environment that supports quality human resource management practices including workplace health and safety, employment equity, anti-discrimination and ethical behaviour.



QUEENSLAND HEALTH

APPLICATION FOR AREA OF NEED CERTIFICATION



DETAILS OF SPONSORED DOCTOR:

SURNAME: PATEL

GIVEN NAME(S): JAYANT

GENDER: MALE

DATE OF BIRTH: 10.04.50

COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA AUSTRALIAN PERMANENT RESIDENT: No

QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):

MBBS - SAURASHTRA UNIVERSITY, INDIA - 1973

MS (GENERAL SURGERY) SAURASHTRA UNIVERSITY, INDIA - 1976

DIPLOMA OF AMERICAN BOARD OF SURGERY 1988, RECERTIFIED 1996

RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):

REFER TO ATTACHED CV

EMPLOYER: BUNDABERG HEALTH SERVICE DISTRICT

PROPOSED GEOGRAPHICAL LOCATIONS (INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THAT THE DOCTOR WILL BE REQUIRED TO PRACTISE AT):

BUNDABERG HEALTH SERVICE DISTRICT

IS THE PROPOSED LOCATION: RURAL

PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS

POSITION (PLEASE SPECIFY: JHO/SJO; PHO; SMO; SPECIALIST): DIRECTOR OF SURGERY - SMO

DEPARTMENT/SPECIALTY: DEPARTMENT OF SURGERY

CLINICAL DISCIPLINE/SUB SPECIALTY:

PUBLIC HOSPITALS MUST COMPLETE:

WAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: NO

IF NO, NAME OF RECRUITMENT AGENCY: WAVELENGTH

PRIVATE PRACTICE ONLY

TYPE OF PLACEMENT:

☐ GENERAL PRACTICE

☐ SPECIALIST: DISCIPLINE

IF GENERAL PRACTICE:

☐ BONA FIDE LOCUM

☐ VACANCY

☐ DEPUTISING SERVICE

☐ AFTER HOURS

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



DATE OF REGISTRATION REQUESTED: FROM: 01.04.05 TO: 31.03.06

MEDICAL REGISTRATION IS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW AREA OF NEED APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.

DATE OF VISA REQUESTED: FROM: 01.04.05 TO: 31.03.09

STATUS OF APPLICATION:

EXTENSION OF EXISTING SPONSORSHIP

NOTE: THE SPONSORED DOCTOR MUST HAVE AGREED TO THE PROPOSED PERIOD OF SPONSORSHIP OR THE EXTENSION OF THE PERIOD OF SPONSORSHIP.

SPONSOR DECLARATION:

I CONFIRM THAT THE DETAILS ON THIS APPLICATION ARE CORRECT.

I HAVE OBTAINED THE PERMISSION OF THE SPONSORED DOCTOR TO SUBMIT THIS APPLICATION ON THEIR BEHALF.

SIGNATURE OF SPONSOR:

DR DARREN KEATING
DIRECTOR OF MEDICAL SERVICES
BUNDABERG HEALTH SERVICE DISTRICT
RETURN ADDRESS: PO Box 34, BUNDABERG QLD 4670

TELEPHONE: FACSIMILE:

E-MAIL AU

PLEASE COMPLETE AS SIGNED FORM WILL BE EMAILED BACK TO SPONSOR.

QUEENSLAND HEALTH USE ONLY

THE APPLICATION FOR DR

Jayant Patel

TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS

☒ SUPPORTED ☐ NOT SUPPORTED

TO SEEK REGISTRATION IN AN AREA OF NEED PURSUANT TO SECTION 135/S143A OF THE MEDICAL PRACTITIONERS REGISTRATION ACT 2001, IS.

☒ SUPPORTED ☐ NOT SUPPORTED

COMMENTS:

SIGNATURE:

[Signature]

DATE:

1/2/05

(PRINCIPAL

MEDICAL ADVISER / MEDICAL ADVISER, RURAL HEALTH SERVICES / PRINCIPAL PROJECT OFFICER)



Australian Government

Department of Immigration and
Multicultural and Indigenous Affairs

Application for a temporary residence visa (non-business)

Form

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Do not complete these questions until you have read the information pages at the front of this form. The information pages tell you about the different visa subclasses for temporary residents, eligibility for a visa, and some of the conditions for holding a visa.

Intended date of arrival
(If you are already in Australia, write 'N/A')

DAY MONTH YEAR
N/A /



Part A - Category of visa

1 Which subclass of temporary visa are you applying for?

MEDICAL PRACTITIONER 422

If applying for a position under a labour or Religious Worker agreement, please give the name of the labour or Religious Worker agreement.

Part B - Applicant details

2 Your full name

Family name

PATEL

Given names

JAYANT

3 Have you been known by any other names?
(including name at birth, previous married names, aliases)

No ☒

Yes ☐ Give details

Family name

Given names

If you have been known by other names, attach a page giving the names.

4 Sex

Male ☒

Female ☐

5 Date of birth

00/07/1950

6 Place of birth

Town/city

JAMNAGAR

Country

INDIA

7 Marital status

Married ☒

De facto ☐

Widowed ☐

Never married ☐

Engaged ☐

Separated ☐

Divorced ☐

8 Identification numbers (if applicable)

For example: identity card, Social Security card,
Chinese commercial code

9 Present country of citizenship

USA

10 Do you hold any other citizenship?

No ☒

Yes ☐ Please provide country of citizenship

11 Your current occupation

SURGEON

12 Your residential address

(If applying in Australia, your current residential address in Australia)

Note: A Post Office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

POSTCODE

13 Your postal address

(If the same as your residential address, write 'AS ABOVE')

POSTCODE

14 Your telephone numbers

COUNTRY CODE AREA CODE NUMBER

Office hours

After hours

Continued on the next page

COI.0001.0003.00106

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15 Do you agree to DIMIA communicating with you by facsimile, e-mail or other electronic means?

No ☐

Yes ☒ Give details

Facsimile number
E-mail address

16 Do you have a passport?

No ☐

Yes ☒ Give details

Passport number
Issuing authority
Date of issue
Date of expiry

17 If you are applying on the basis of being a member of the family unit (eg. spouse or child) of another person (the main applicant), what is that person's name?

Family name
Given names
Sex ☐ Male ☐ Female

Visa details

18 Proposed period of stay in Australia
From to

Note: In general a person can only hold one visa (other than a Bridging visa) at any one time.

If you are granted a visa while you already have another, the first visa is cancelled.

19 Have you or any other person included in this application previously applied for any type of Australian visa (including bridging visas)?

No ☐

Yes ☒ Give details

Name
Date of application
Place of application
Class of visa applied for
Was the application: ☒ Granted ☐ Refused ☐ Withdrawn ☐ Pending ☐
Visa number (if granted)
Visa expiry date

Name

Date of application

Place of application

Class of visa applied for

Was the application: ☒ Granted ☐ Refused ☐ Withdrawn ☐ Pending ☐

Visa number (if granted)

Visa expiry date

Name

Date of application

Place of application

Class of visa applied for

Was the application: ☐ Granted ☐ Refused ☐ Withdrawn ☐ Pending ☐

Visa number (if granted)

Visa expiry date

Name

Date of application

Place of application

Class of visa applied for

Was the application: ☐ Granted ☐ Refused ☐ Withdrawn ☐ Pending ☐

Visa number (if granted)

Visa expiry date

Part C - Employment/activity details

20 What occupation or activity do you propose to undertake in Australia?

21 If you will be employed in Australia, give details of the wage/salary or other benefits to be paid in Australia and name and address of the company paying your wage/salary

Hours of work per week

Wage/salary in Australian dollars

Other benefits to be paid

Name of company

Address

Telephone number

22 If applicable, give name and address of your employer or sponsor in Australia. (If the same as question 21, write 'SAME')

Name of company

SAME

Address

POSTCODE

Telephone number

(AREA CODE)

Part D - Accompanying family members

23 Give details of all family members who will accompany you to Australia or who are in Australia and are a member of your family unit. (If there are more than 6 family members, please copy this page and attach it to this form with additional details)

1. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

Date of expiry

2. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

Date of expiry

3. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

Date of expiry

4. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

Date of expiry

5. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

Date of expiry

6. Family name

Given names

Sex Male ☐ Female ☐

DAY MONTH YEAR

Date of birth

Relationship to main applicant

Citizenship

Passport number

DAY MONTH YEAR

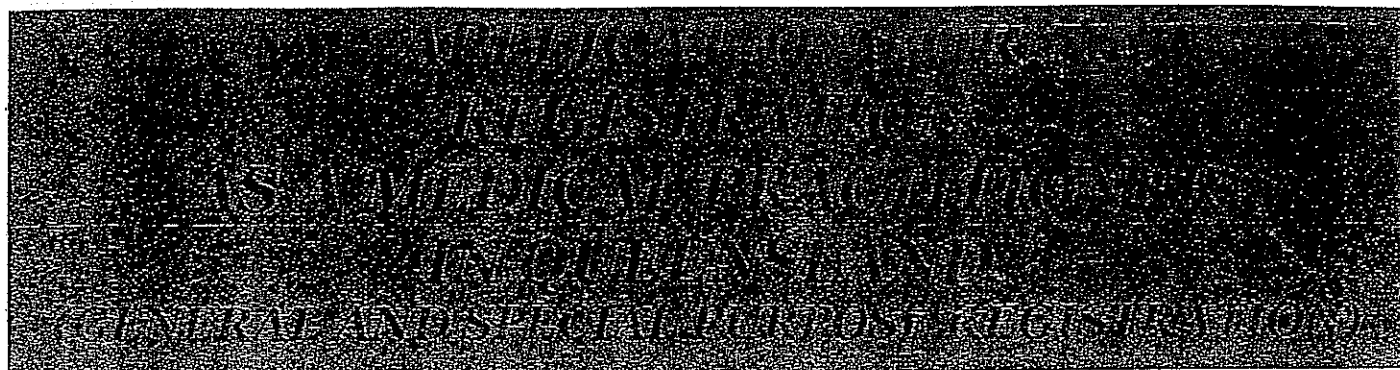
Date of expiry

24 Please provide evidence of marriage certificate, birth certificate or other evidence if de facto spouse.

If any members of your family unit were not included in the sponsorship application made by your employer, you should attach written confirmation from your employer/sponsor that they will meet the sponsorship undertakings in relation to those members of your family unit.

Continued on the next page ▶

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Sections 42 and 139 Medical Practitioners Registration Act 2001

Medical Board of Queensland

Please read the Accompanying Guidelines
before completing this form.

Complete Form and Return with Accompanying Documents
to address below.



Mailing Address:

Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001



Enquiries:

Telephone: (07) 3234 0176
Facsimile: (07) 3225 2527
Monday to Friday 9.00 am – 4.00 pm
E-mail medical@healthregboards.qld.gov.au
Website www.medicalboard.qld.gov.au

NOTE:

**YOUR APPLICATION CANNOT BE
PROCESSED UNLESS YOU PROVIDE
ALL THE REQUIRED DOCUMENTATION
THE APPLICATION FEE AND THE
REGISTRATION FEE.**

Location:

19th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

ABN: 35 789 351 327

APPLICATION DETAILS - Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

TITLE: MR MRS MS MISS <u>DR</u> OTHER _____ (circle preferred title) (please specify)		
FAMILY NAME <u>PATEL</u> GIVEN NAMES (in full) <u>JAYANT</u>		
PREVIOUS NAME(S) (if applicable) _____		
LANGUAGES SPOKEN (other than English) _____ Degree Of Fluency FUNCTIONAL <input type="checkbox"/> NATIVE SPEAKING <input type="checkbox"/>		
Date of Birth <u>10-4-1950</u>	Place of Birth <u>JAMNAGAR</u> Country of Birth <u>INDIA</u>	Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
REGISTRATION/POSTAL ADDRESS (For inclusion in the public register) All Changes must be notified to the Board <u>1- Bundaberg Base</u> <u>HOSPITAL</u> <u>BOURBONG STREET</u> <u>BUNDABERG, QLD</u> Postcode <u>4670</u> Is this your residential address? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/>	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address) _____ _____ _____ Postcode _____	RESIDENTIAL ADDRESS (if different from Registration address) _____ _____ _____ Postcode <u>4670</u>
CONTACT TELEPHONE NUMBERS: Day _____ rs _____ Mobile <u>0</u>		
EMAIL ADDRESS: <u>E</u> _____		
CATEGORY OF REGISTRATION APPLIED FOR: GENERAL <input type="checkbox"/> SPECIAL PURPOSE (see back page and state which Special Purpose) <input checked="" type="checkbox"/>		
QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)		
Degree/Diploma/Certificate <u>DIPLOMATE</u>	University/College/Examining Body <u>AMERICAN BOARD OF SURGERY</u>	Year Conferred <u>1988</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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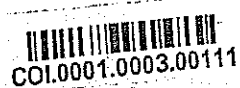
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SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER (If insufficient space set out on separate page)

Practice Name/Employer	Address	Period of Practice

REGISTRATION:

1. State/Territory/Country where first registered as a medical practitioner NEW YORK and year 1979
2. Are you currently registered as a medical practitioner elsewhere? YES ☒ NO ☐
If yes, give State/Territory/Country OREGON, LISA
3. Have you ever been registered as a health practitioner in another State or Territory of Australia, or another country? YES ☐ NO ☒
If yes, give State/Territory/Country and indicate profession _____
Have you ever been registered as a health practitioner in Queensland? YES ☒ NO ☐ Medical Professional - 2003
Profession and Year registered



SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER (If insufficient space set out on separate page)

Practice Name/Employer	Address	Period of Practice

REGISTRATION:

1. State/Territory/Country where first registered as a medical practitioner NEW YORK and year 1979
2. Are you currently registered as a medical practitioner elsewhere? YES ☒ NO ☐
If yes, give State/Territory/Country OREGON, LISA
3. Have you ever been registered as a health practitioner in another State or Territory of Australia, or another country? YES ☐ NO ☒
If yes, give State/Territory/Country and indicate profession _____
4. Have you ever been registered as a health practitioner in Queensland? YES ☒ NO ☐ Medical Professional - 2003
Profession and Year registered



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FITNESS TO PRACTISE:

If you answer "Yes" to any of the following, please provide full details on a separate sheet.

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? Yes No
☐ ☒
2. Do you have a criminal history?
(see accompanying information sheet for an explanation of 'criminal history'). Yes No
☐ ☒
3. Have you been registered under the *Medical Practitioners Registration Act 2001* or the *Medical Act 1939* (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, and the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? Yes No
☐ ☒
4. Has your registration as a health practitioner ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country? Yes No
☐ ☒
5. Have you ever been refused registration as a health practitioner in any Australian State or Territory, or in another country? Yes No
☐ ☒
- Are you currently under investigation by any authority in any Australian State or Territory or in any other country? Yes No
☐ ☒
7. Do you have a reasonable command of the English language? Yes No
☒ ☐

IMPORTANT NOTES:

- Apart from question 7, if you answer "Yes" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term 'health practitioner' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- Please note that if you are granted registration, you must notify the Board of the following matters:
 - a change in your name
 - a change in your address (and email address).
 - for a special purpose registrant, a change in the way that you undertake the special activity for which you are registered
 - the withdrawal or cancellation of your qualification for registration
 - before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the board notice of the change within 14 days
 - conviction for an indictable offence in Queensland or under a corresponding law (please use form MHPPS385A).
 - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use form MHPPS385B).
 - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use form MHPPS385C).
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER (if insufficient space set out on separate page)

REFEREES: Give name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

Name DR. James Gaffield
 Address C/- Bundaberg Base Hospital
Bundaberg, QLD 4670
 Occupation Surgeon
 Telephone Postcode 4670

Name DR. DARREN KEATINGE
 Address C/- Bundaberg Base Hospital
Bundaberg
 Director of Medical Services
 Telephone Postcode 4670

I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories or any other countries regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness, and that all documents and supporting material lodged with this application are true and correct.

I also undertake to comply with all relevant legislation, codes of practice, and Medical Board of Queensland policies.

JAYANT PATEL
 Printed Name of Applicant

Jayant Patel
 Signature of Applicant

Susan Hutchins
 Printed Name of Witness

Hutchins
 Signature of Witness

Date: 10 day of December 2003



COI.0001.0003.00114

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INSTRUCTION FOR COMPLETION OF APPLICATION:

SPECIAL PURPOSE REGISTRATION (applicant does not hold a primary medical qualification obtained in Australia or New Zealand or has not passed the Examination set by the Australian Medical Council for the purpose of qualifying for general registration) may be granted for the following purpose: -

- S 132, Postgraduate study or training – to enable a person to undertake postgraduate study or training, in medicine, approved by the Board.
- S133, Supervised training to prepare for clinical examination – to enable a person to undertake supervised training, approved by the Board, to prepare for the clinical examination conducted by the Australian Medical Council.
- S 134, Medical teaching or research – to enable a person to engage in medical teaching or research.
- S135, Practice in area of need – to enable a person to practice in an area the Minister for Health has decided is an area of need for a medical service.
- S136, Study or training to obtain a qualification in a specialty – to enable a person to undertake study or training to obtain a qualification in a specialty.
- S137, Practice in the public interest – to enable a person to practice the profession for a particular purpose.
- S138, Practice in general practice – to enable a person to practice medicine in general practice.

NOTE

SPECIALIST REGISTRATION:

Application for registration as a specialist requires a separate form available on request from the Medical Board.

ACCOMPANYING ITEMS - THE FOLLOWING SHOULD BE ATTACHED:

ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, OR A NOTARY - (PRODUCTION OF ORIGINAL DOCUMENTS MAY BE REQUIRED FOR SIGHTING)

1. APPLICATION AND REGISTRATION FEES. THIS IS A TAX INVOICE.
(please see accompanying guidelines for details)
2. PROOF OF IDENTITY:
 - drivers licence, passport, or other official identification document which includes a photograph
 - marriage certificate or other document evidencing change of name (if applicable)
 - statutory declaration for any name changes
3. RECENT PASSPORT TYPE PHOTOGRAPH/S WITH SIGNATURE ON THE BACK AND CERTIFIED AS A TRUE LIKENESS.
4. PROOF OF QUALIFICATIONS: Original or certified copies of relevant documents:
 - original or copy of qualifications including specialist qualifications
 - current registration/practising certificate
 - TRANSLATIONS: where applicable, translations of any documents must be by a certified translator and must be accompanied by the original or a certified copy of the original.
5. A FULL CURRICULUM VITAE WITH DETAILS OF EXPERIENCE AND POSITIONS HELD
6. CERTIFICATE OF GOOD STANDING (COGS) from each registration authority where you currently are, or have most recently been registered (if applicable). As a COGS is only valid for 3 months you will require a new COGS if your current one has expired. This is usually arranged for direct dispatch and must be received by the Board before the application is considered.

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Credit Card Payments (Visa, Mastercard or Bankcard through mail or over counter only). PLEASE DO NOT DETACH.

To assist with credit card processing, please provide a daytime contact no: (57) 4152-1222

For this payment to be accepted you must complete all sections below.

VISA ☒

MASTERCARD ☐

BANKCARD ☐

CARD NUMBER CARD NUMBER

EXPIRY DATE 02/07

CARD HOLDERS NAME (print)

JAYANT PATEL

CARD HOLDERS SIGNATURE

Jayant Patel

AMOUNT \$ 416.00

COI.0001.0003.00116

Medical Practitioners Information Sheet

General Registration or Special Purpose Registration as a Medical Practitioner

The following is provided to assist in completing an Application for General Registration or an Application for Special Purpose Registration as a medical practitioner in Queensland.

Certified Copies of Documents

All copies of documents required to be submitted with the application must be certified copies, that is, copies certified by a Justice of the Peace, Commissioner for Declarations, Notary or another authorised person as true copies of the original documents.

Special purpose registrants who are currently registered and are applying for a new period of registration do not need to resubmit documentation submitted in respect to their initial application.

Qualifications

The following must be included with the application form as proof of your qualifications:

- certified copy of the academic qualifications that you nominate in the application if qualifications documents are not in English, an English translation by a certified translator must be attached.

Fitness to Practice

In the section titled *Fitness to Practice*, the term "Criminal history" means:

- every conviction for an offence, in Queensland or elsewhere;
- every charge made against the applicant for an offence in Queensland or elsewhere.

The Board may have regard to an applicant's criminal history in deciding whether an applicant is fit to practise the profession. In having regard to criminal history, the Board must have particular regard to any conviction that an applicant has:

- for an indictable offence;
- for an offence against:
 - the *Medical Act 1939* (repealed);
 - the *Medical Practitioners Registration Act 2001*;
 - the *Health Practitioners (Professional Standards) Act 1999*; or
 - a law providing for the same matter in another State, the Commonwealth or another country.

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- for an offence, relating to the practice of the profession, against:
 - the *Health Act 1937*;
 - the *Fair Trading Act 1989*;
 - another law in Queensland, the Commonwealth, another State or another country.

Where an applicant answers YES to questions on the application form pertaining to fitness or suitability to practise, a full explanation of the circumstances must be provided with the application.

Proof of Identity

The following must be presented with the application as proof of identity:

- Certified copy of Driver's Licence, or Passport, or other official identification that includes a photograph.
- Two recent passport-type photographs of the applicant endorsed on the back by a witness as follows:
 "I (*witness*) certify this photograph to be a true likeness of (*applicant's name*)"
 and signed and dated on the back by the witness and the applicant.
- If a name change is applicable, a certified copy of marriage certificate or deed poll to verify the present name against the name under which the applicant qualified.

Proof of Registration and Standing

An applicant who is currently registered elsewhere, or has recently been registered elsewhere, must present the following as proof of registration and standing:

- A Certificate of Good Standing from each registration authorities where you currently are registered, or have most recently been registered (if applicable) – *applicant to arrange for Certificate to be forwarded directly from the registration authority to the Board.*

Character References

On the application form you must give the name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

The Board will contact these persons to obtain references about you.

Summary of the Nature, Extent and Period of Experience since Qualifying

Section 45(1)(g) of the *Medical Practitioners Registration Act 2001* provides that in deciding whether an applicant for General Registration is fit to practise the profession, the Board may have regard to the nature, extent and period of any practice of the profession by the applicant since the qualification day – i.e. the day the qualification relied upon by the applicant to obtain registration was confirmed or awarded – if the qualification day is more than 3 years before the date of application.

All applicants for General Registration or Special Purpose Registration must provide a Curriculum Vitae with their application, describing the nature, extent and period of any practice since qualifying as a medical practitioner. Details of the nature of practice, e.g. clinical, continuing education, research, study,

teaching or administration should be provided.

Prescribed Application and Registration Fees

For **Special Purpose Registration** the current fees (in Australian dollars) to be submitted with an application for registration are \$416.00 (\$124.00 non-refundable application fee and \$292.00 annual registration fee. Any pro-rata portion of the annual registration fee will be refunded, if applicable, on receipt of notification that the registrant has ceased the special purpose activity.

For **General Registration** the current fees (in Australian dollars) to be submitted with an application are as follows:

- \$416.00 (if registering between 1 October and 31 March); or
- \$270.00 (if registering between 1 April and 30 June); or
- \$197.00 (if registering between 1 July and 30 September);

The prescribed fees comprise an application fee of \$124.00 (non-refundable) plus a pro-rata portion of the annual registration fee (currently \$292.00). These fees are applicable only in the first year of registration.

If you do not follow these guidelines and provide all of the requested supporting documentation, delays may occur in processing your application.

All applications for registration must be approved by the full Medical Board, and applicants must be personally interviewed on behalf of the Board by the President or an authorised member of the Board before registration is authorised.

You should ensure that you allow sufficient time for completion of all registration requirements before any intended date of commencement of practise to which you are committed. (AT LEAST 6 WEEKS)

Should you need further information please contact a staff member of the Office of Health Practitioner Registration Boards on:
(07) 3234 0176, or
e-mail: medical@healthregboards.qld.gov.au

PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to consider your application for registration as a Medical Practitioner and carry out other functions relevant to the administration of the *Medical Practitioners Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to confirm your identity and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).

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