QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-A" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14 th

day of OUTOBER 2005.

Deponent

Solicitor/Justice of the Peace/

" JPON-A"

QUEENSLAND HEALTH

17 JAN 2003

CATION

APPLICATION FOR AREA OF NEED CERTIFICATION

This application form must be completed by all sponsoring employers requesting support for a Temporary Resident Doctor (TRD) to enter Australia under a temporary work visa (visa subclass 422).

This form is not required for other visa subclasses.

All sections of this form must be completed to enable prompt processing. A surriculum vitae must be attached if this is a new application.

Please type or print in black ink to enable clear photocopying and send the completed form to the Principal Medical Advisor, Queensland Health. Once signed by the Principal Medical Advisor, a copy of this form will be forwarded to the Medical Board of Queensland and the original form will be returned to the sponsor for attachment to the employers application (form 55) to the Department of Immigration and Multicultural Affairs for visa subclass 422.

| Sponsored doctor: S | umame: | SHARMA | | First Name: | Dinesh Chandra | ı |
|--|-------------|--|----------------|--------------------------|------------------|--------------|
| Sponsor/employer (hor Fraser Coast Health | | | | | | |
| Proposed geographical | location (| town/s): Ma | aryborough | and Hervey I | Вау. | |
| Is the proposed location | n: | Remote | O | Rural | ☑ Other | |
| Type of medical practi | ce: | | | | | |
| Hospital | M | Position (pl | ease state) | Senior Medic Orthopae | | |
| General Practice | | Solo 📮 | Group | | Medical Clinic | |
| | | Deputising 3 | Service | | Locum | |
| Specialist Practice | | Hospital | | | Private Practice | |
| | | Speciality (p | olease state). | ********** | | .,, |
| Qualifications: (please MB BS Diploma of orthopaed | Fij | ude date and i i School of M stralian Orth | edicine, Fiji | l | | 1987 1996 |
| Postgraduate experience | e and train | ing (please sta | ite): | | | |
| - Please see CV. | | | | | | |
| Total number of years of postgraduate experience: 15 years | | | | | | |
| For non-specialist applications, specify postgraduate experience in: | | | | | | |
| emergency me | dicine | yes 🗹 | - 12 m | onths | no 📮 | |
| | | | | | | |
| | | | | | | |

| Date of Visa/Registration | on Requested: from: 27/01/2003 to 25/01/2004 |
|--|--|
| Is this a: new applic | |
| | red doctor must have agreed to the proposed period of sponsorship or the extension of of sponsorship. |
| Sponsor: | I confirm that the details on this application are correct and that I have obtained at least two independent referee reports about the sponsored doctor specific to this |
| Signature of sponsor: | application. Date - 14 / /2003 |
| Name, title and address (please print) | Dr Terry Hanelt Director of Medical Services, Fraser Coast Health Service District. 185 Walker Street, Maryborough. Qld. Postcode 4650 |
| Telephone: | (07) 41206859 |
| Fax: | (07) 41206799 |
| | |
| For Queensla | nd Health Use Only |
| QUEENSLAI | ND HEALTH |
| ENDORSEM | ENT OF AREA OF NEED APPLICATION |
| The application for Dr | Dinesh SHARMA. |
| to obtain a visa to wor | k in Australia as a Temporary Resident Doctor: is 🖸 is not 🛚 |
| consistent with the Mi | nisterial Palicy on Area of Need. |
| The application for rep Registration Act 2001 | sistration under Division 10, Subdivision 1, Section 135 of the Medical Practitioners is supported: |
| | yes 🟳 no 🖸 |
| Comments: | |
| Signature: | M latelfel 16/1/2003 |

(Principal Medical Advisor, Queensland Health)
The completed form should be returned to: Principal Medical Advisor

Health Advisory Unit Queensland Health

GPO Box 48

BRISBANE QLD 4001 (07) 3234 0062 (fax)

Phone enquiries:

(07) 3234 1386

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-B" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14 4

day of October 2005.

Deponent

Solicitor/Justice of the Peace/

"JPO-17-B"

MARY STREET, BRISBANE, ON 25 FEBRUARY 2003 COMMENCING AT 5.30PM

1030636

SHARMA, DINESH CHANDRA PRASAD – MB BS FIJI 1987

The Board noted that Dr Sharma sought provisional special purpose registration under Section 135 to fill an area of need at Fraser Coast Health Service District from 25 February 2003 to 25 January 2004. Provisional registration was requested as Dr Sharma arrived in Queensland and was available to commence practice once registration had been approved.

The Registration Advisory Committee considered that as Dr Sharma would require an interview, there would be little benefit in provisional registration being approved.

RESOLVED that Dr Sharma be approved special purpose registration under Section 135 to fill an area of need at Fraser Coast Health Service District from 25 February 2003 to 25 January 2004, subject to completion of registration requirements.

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-C" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14 th

day of DETOBER 2005.

Deponent

Solicitor/Justice of the Peace/

1030636

13 March 2003

Dr DC Sharma

Dear Dr Sharma.

You have been granted special purpose registration as a Medical Practitioner in Queensland pursuant to Section 135 of the *Medical Practitioners Registration Act 2001*, effective from 27 February 2003 and valid until 25 January 2004.

The qualifications appearing against your name in the Register are:

MB BS FIJI 1987

Conditions imposed on your registration are as follows: Nil.

Registration Certificate Number 1030636 is enclosed and you are requested to quote this number on all correspondence.

Special purpose registration enables you to practise at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent of Maryborough Base Hospital on a temporary basis. It is advised that you are not registered as a specialist. Any variation to your practice would require further approval by the Board. You should also note that the above approval is for a specific purpose to be undertaken in the defined period of time.

Registration ceases on the date mentioned above. An application for further registration must be made if a further period of registration is required.

While registration in this category is approved by the Board for an initial term of not more than twelve months, any further term of registration in relation to the above activity would be dependent upon the Board remaining satisfied that you are suitably qualified and experienced to fill the vacancy. Registrants who become eligible to sit the examinations of the Australian Medical Council are strongly urged to register with the council.

Notification when you cease to carry out the occupation referred to is required. A letter addressed to the Registrar notifying the termination of your occupation is enclosed and must be signed and sent to the Registrar at the due time. Maximum penalty -10 penalty units (\$750.00).

Please note that you are required to notify this office in writing within 21 days of any change of address, name, the way in which you undertake the special purpose activity or if you cease to be qualified for registration. Maximum penalty -10 penalty units (\$750.00).

The Act provides for the cancellation of a special purpose registration in each of the following circumstances if the registrant:

practises the profession other than for the approved activity

- is convicted of an indictable offence
- is convicted of an offence against this Act, the Health Practitioners (Professional Standards) Act 1999 or a corresponding law
- contravened a condition of registration
- was registered because of a materially false or misleading representation or declaration.

Pursuant to the *Health Practitioners (Professional Standards) Act 1999* registrants are also required to notify the Board of any of the following events:

- conviction of an indictable offence;
- conviction of an offence against a corresponding law in another State, the Commonwealth or a foreign country which would be indictable under Queensland law;
- judgments which have been delivered and settlements of proceedings in a court brought by another party against the registrant claiming damages or other compensation for alleged negligence by the registrant in the practice of the profession;
- registration, licence or certification held by the registrant under a corresponding law applying in another State, the Commonwealth or a foreign country which has been affected by disciplinary action or has been otherwise cancelled, suspended or made subject to a condition or undertaking.

Yours faithfully

for REGISTRAR

cc: Medical Superintendent/Manager Fraser Coast Health Service District

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-D" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14th da

day of OCTOBER 2005.

Deponent

Solicitor/Justice of the Peace/

Commissioner-

Tele: Fax: 3361-0208 3361-0201

Ref:

PDM:01-0690886

OF Ourraland Medical Boarch

Special Purpose - Section 135
This is to certify that

This is to certify that

Sregistered as a Medical Practitioner,
in the State of Queensland,
in the State of Queensland,

for the period 27 February 2003 - 25 January 2004

Special Purpose Activity:

To practise at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent of Marybor. Base Hospital on a temporary basis.

EXECUTIVE OFFICER

Registration Number: 1030636

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-E" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14th

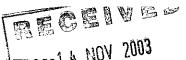
day of OUTOBER 2005.

Deponent

Solicitor/Justice of the Peace/

"3-F109T"

QUEENSLAND HEALTH



APPLICATION FOR AREA OF NEED CERTIFICATION 1 4 NOV 2003

This application form must be completed by all sponsoring employers requesting support for a Temporary Resident Doctor (TRD) to enter Australia under a temporary work visa (visa subclass 422).

This form is not required for other visa subclasses.

All sections of this form must be completed to enable prompt processing. A curriculum vitae must be attached if this is a new application.

Please type or print in black ink to enable clear photocopying and send the completed form to the Principal Medical Advisor, Queensland Health. Once signed by the Principal Medical Advisor, a copy of this form will be forwarded to the Medical Board of Queensland and the original form will be returned to the sponsor for attachment to the employers application (form 55) to the Department of Immigration and Multicultural Affairs for visa subclass 422.

| SHARMA | First Name: | Dinesh Chandra | 17-111- | | |
|---|--|--|--|--|--|
| actice name): | | | | | |
| strict | | | | | |
| town/s): Marybor | ough and Hervey Bay. | | | | |
| _ | 1 | D. Other | | | |
| Remote L | Kurai | W Other | | | |
| A | | | | | |
| | | | | | |
| Position (please st | ste) Senior Medical (| Officer, | | | |
|) cardon (browns an | | | | | |
| . | ~ | Medical Clinic | | | |
| 2010 🖂 🕜 | Group 🗖 | Marian Cimi | | | |
| Deputising Service | . 🗆 | Locum | | | |
| Hospital | | Private Practice | o | | |
| Speciality (please | state) | | ,, | | |
| lude date and incuing | inetitution) | | | | |
| ii School of Medicin | e, Flji | | 1987 | | |
| MB BS Fiji School of Medicine, Fiji Diploma of orthopaedics Australian Orthopaedic Association. 1996 | | | | | |
| | | | | | |
| | | | | | |
| ning (please state): | | | • | | |
| CV | | | | | |
| Cy. | | | | | |
| | | | | | |
| Total number of years of postgraduate experience: 16 years | | | | | |
| For non-specialist applications, specify postgraduate experience in: | | | | | |
| emergency medicine yes 🗹 - 12 months no 🗅 | | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | Position (please state): Speciality (please lude date and issuing ji School of Medicin istralian Orthopaed CV. duate experience: | Actice name): strict town/s): Maryborough and Hervey Bay. Remote | actice name): strict town/s): Maryborough and Hervey Bay. Remote | | |

| Date of Visa/Registration | Requested: from: 25/01/2004 to 25/01/2005 | | |
|---|--|--|--|
| Is this a: new applica | ion extension of existing sponsorship | | |
| | d doctor must have agreed to the proposed period of sponsorship or the extension of sponsorship. | | |
| Sponsor: | I confirm that the details on this application are correct and that I have obtained at least two independent referee reports about the sponsored doctor specific to this application | | |
| Signature of sponsor: | Date - 12/11/2003 | | |
| Name, title and address (please print) | Dr Terry Hanelt Director of Medical Services, Fraser Coast Health Service District. 185 Walker Street, Maryborough. Qld. Postcode 4650 | | |
| Telephone: | (07) 41206859 | | |
| Fax: | (07) 41206799 | | |
| | | | |
| For Queensland | Health Use Only | | |
| QUEENSLANI | HEALTH | | |
| ENDORSEME | IT OF AREA OF NEED APPLICATION | | |
| The application for Dr | Dinesh SHARMA. | | |
| to obtain a visa to work | Australia as a Temporary Resident Doctor: is 🛛 is not 🚨 | | |
| consistent with the Ministerial Policy on Area of Need. | | | |
| The application for regis Registration Act 2001 is | ration under Division 10, Subdivision 1, Section 135 of the Medical Practitioners supported: | | |
| | yes □ no □ | | |
| Comments: | | | |
| Signature: | Mand 13/1/1200 | | |
| o.f | (Principal Medical Advisor, Queensland Health) Leanne Chandler | | |
| The completed form shou | d be returned to: Principal Medical Advisor Health Advisory Unit Queensland Health GPO Box 48 BRISBANE QLD 4001 (07) 3234 0062 (fax) | | |
| Phone enquiries: | (07) 3234 1386 | | |

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-F" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14th

day of OCTOBER 2005.

Solicitor/Justice of the Peace/

"JPO-17-F"

MARY STREET, BRISBANE, ON 9 DECEMBER 2003 COMMENCING AT 5.30PM

1030636

i

SHARMA, DINESH CHANDRA PRASAD – MB BS FIJI 1987

RESOLVED that Dr Sharma be approved special purpose registration under Section 135 to fill an area of need at Fraser Coast Health Service District from 26 January 2004 to 25 January 2005.

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-G" mentioned and referred to in the Affidavit of JAMES

PATRICK Q'DEMPSEY sworn before me this

14 th

day of 00706ER 2005.

Depøn**e**nt

Solicitor/Justice of the Peace/

Commissioner

Tele: Fax: 3361-0208 3361-0201

Ref:

PDM:01-0690886

1030636

11 February 2004

Dr DC Sharma

Dear Dr Sharma,

You have been granted special purpose registration as a Medical Practitioner in Queensland pursuant to Section 135 of the *Medical Practitioners Registration Act 2001*, effective from 26 January 2004 and valid until 25 January 2005.

The qualifications appearing against your name in the Register are:

i

MB BS FIJI 1987

Conditions imposed on your registration are as follows: Nil.

Registration Certificate Number 1030636 is enclosed and you are requested to quote this number on all correspondence.

Special purpose registration enables you to practise at Fraser Coast Health Service District, or any public hospital authorised by the Medical Superintendent on a temporary basis. It is advised that you are not registered as a specialist. Any variation to your practice would require further approval by the Board. You should also note that the above approval is for a specific purpose to be undertaken in the defined period of time.

Registration ceases on the date mentioned above. An application for further registration must be made if a further period of registration is required.

While registration in this category is approved by the Board for an initial term of not more than twelve months, any further term of registration in relation to the above activity would be dependent upon the Board remaining satisfied that you are suitably qualified and experienced to fill the vacancy. Registrants who become eligible to sit the examinations of the Australian Medical Council are strongly urged to register with the council.

Notification when you cease to carry out the occupation referred to is required. A letter addressed to the Registrar notifying the termination of your occupation is enclosed and must be signed and sent to the Registrar at the due time. Maximum penalty -10 penalty units (\$750.00).

Please note that you are required to notify this office in writing within 21 days of any change of address, name, the way in which you undertake the special purpose activity or if you cease to be qualified for registration. Maximum penalty -10 penalty units (\$750.00).

The Act provides for the cancellation of a special purpose registration in each of the following circumstances if the registrant:

- practises the profession other than for the approved activity
- is convicted of an indictable offence
- is convicted of an offence against this Act, the Health Practitioners (Professional Standards) Act 1999 or a corresponding law
- contravened a condition of registration
- was registered because of a materially false or misleading representation or declaration.

Pursuant to the *Health Practitioners (Professional Standards) Act 1999* registrants are also required to notify the Board of any of the following events:

- conviction of an indictable offence:
- conviction of an offence against a corresponding law in another State, the Commonwealth or a foreign country which would be indictable under Queensland law;
- judgments which have been delivered and settlements of proceedings in a court brought by another party against the registrant claiming damages or other compensation for alleged negligence by the registrant in the practice of the profession;
- registration, licence or certification held by the registrant under a corresponding law applying in another State, the Commonwealth or a foreign country which has been affected by disciplinary action or has been otherwise cancelled, suspended or made subject to a condition or undertaking.

Yours faithfully

for REGISTRAR

cc: Medical Superintendent

Fraser Coast Health Service District

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-H" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

day of OCTOBER 2005.

Deponer

Solicitor/Justice of the Peace/

Medical A. sed Of Queensland

Certificate of Registration Special Purpose - Section 135

This is to certify that

Dinesh Chandra Prasad Sharma

is registered as a Medical Practitioner in the State of Queensland, pursuant to the provisions of the *Medical Practitioners Registration Act 2001*

for the period 26 January 2004 - 25 January 2005

Special Purpose Activity:

To practise at Fraser Coast Health Service District, or any public hospital authorised by the Medical Superintendent on a tempo

V C EXECUTIVE OFFICER

Registration Number: 1030636

1

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-I" mentioned and referred to in the Affidavit of JAMES

PATRICK Q'DEMPSEY sworn before me this

day of OLTOBER 2005.

Deponent

Solicitor/Justice of the Peace/

"JPON-I"

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIF

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|---|---------------------|-------|
| Π | RECEIVE GOVERN | land |
| | 4 OCT 2004 eensland | Houth |
| ı | | |

| DETAILS OF SPONSORED DOCTOR: | | | | |
|--|------|--|--|--|
| SURNAME: SHARMA GIVEN NAME(S): Dinesh Chandra | | | | |
| GENDER: M □ F DATE OF BIRTH: 16/12/6/ | | | | |
| OUNTRY OF CITIZENSHIP:FIJI AUSTRALIAN PERMANENT RESIDENT: ☐ YES ☐NO | | | | |
| QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED): | | | | |
| MB BS Fiji School of Medicine, Fiji 1987 Diploma of orthopaedics Australian Orthopaedic Association. 1996 | | | | |
| RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY): | | | | |
| - Please see CV. | | | | |
| EMPLOYER: Fraser Coast Health Service District | | | | |
| PROPOSED GEOGRAPHICAL LOCATIONS (INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THATHE DOCTOR WILL BE REQUIRED TO PRACTISE AT): | T | | | |
| | | | | |
| Hervey Bay Hospital and Maryborough Hospital or any other public hospital authorised by the Medical Superintendent on a temporary basis. | | | | |
| | | | | |
| Superintendent on a temporary basis. | | | | |
| Superintendent on a temporary basis. STHE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL | •••• | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO DEPARTMENT/SPECIALTY: ORTHOPEDICS PLINICAL DISCIPLINE/SUB SPECIALTY: | | | | |
| Superintendent on a temporary basis. STHE PROPOSED LOCATION: METROPOLITAN RUNAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO DEPARTMENT/SPECIALTY: ORTHOPEDICS PUBLIC HOSPITALS MUST COMPLETE: | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO DEPARTMENT/SPECIALTY: ORTHOPEDICS PUBLIC HOSPITALS MUST COMPLETE: VAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: YES NO | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: METROPOLITAN REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO DEPARTMENT/SPECIALTY: ORTHOPEDICS FUNCAL DISCIPLINE/SUB SPECIALTY: PUBLIC HOSPITALS MUST COMPLETE: VAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: YES NO FNO, NAME OF RECRUITMENT AGENCY: BLUE ARROW GLOBAL LATITUDES WAVELENGTH | | | | |
| Superintendent on a temporary basis. STHE PROPOSED LOCATION: METROPOLITAN RUNAL REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO DEPARTMENT/SPECIALTY: ORTHOPEDICS PLINICAL DISCIPLINE/SUB SPECIALTY: PUBLIC HOSPITALS MUST COMPLETE: VAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: YES NO FOO, NAME OF RECRUITMENT AGENCY: Blue ARROW GLOBAL LATITUDES WAVELENGTH OTHER (PLEASE SPECIFY). | | | | |
| S THE PROPOSED LOCATION: METROPOLITAN REMOTE PROVINCIAL PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): SMO | | | | |
| Superintendent on a temporary basis. S THE PROPOSED LOCATION: | •••• | | | |

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



| If General practice: | | | | |
|---|--|--|--|--|
| ☐ BONA FIDE LOCUM ☐ VACANCY ☐ DEPUTISING SERVICE ☐ AFTER HOURS | | | | |
| Date of Registration Requested: From:17/1/2005 | | | | |
| SPECIFIC DATES MUST BE PROVIDED EG: 01/01/2004 TO 31/12/2004. | | | | |
| 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:17/1/2005 TO:17/1/2009 | | | | |
| STATUS OF APPLICATION: | | | | |
| ☐ NEW 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: | | | | |
| NAME AND TITLE: VINOD GOPALAN(PLEASE PRINT) (FOR QH FACILITIES PLEASE ENSURE THAT SPONSOR IS HEALTH SERVICE DISTRICT NOT INDIVIDUAL HOSPITAL) | | | | |
| RETURN ADDRESS: C/O MARYBOROUGH HOSPITAL, 185 WALKER ST, MARYBOROUGH 4650 | | | | |
| | | | | |
| TELEPHONE: 07 41238222 FACSIMILE: 07 41231606 | | | | |
| B-mail: Vinod_gopalan@health.qld.gov.au | | | | |
| QUEENSLAND HEALTH USE ONLY | | | | |
| THE APPLICATION FOR DR Dinesh Sharmar | | | | |
| 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: | | | | |

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION Queensland Government Queensland Health



| 1 | Lanna Chandler | | |
|--|---|--|--|
| Lear Princip (Principal Medical Adviser / Medical Adviser, rural health servic | es / Prevenal Project Officer) | | |
| THIS PAGE IS TO BE COMPLETED BY PRIVATE PRACTICE ONLY | | | |
| PLEASE DESCRIBE EFFORTS TO FILL VACANCY: | | | |
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| | | | |
| | | | |
| PLEASE PROVIDE DETAILS ON THE NUMBER OF MEDICAL PRACTITIONERS PROVIDE AND THE POPULATION BEING SERVED (INCLUDING DRAINAGE PATTERNS): | ING A SIMILAR SERVICE IN THE AREA | | |
| *************************************** | | | |
| | | | |
| | | | |
| *************************************** | *************************************** | | |
| PLEASE PROVIDE DETAILS OF SUPERVISION AND SUPPORT TO BE PROVIDED TO THE | PRACTITIONER AND FAMILY: | | |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-J" mentioned and referred to in the Affidavit of JAMES

PATRICK O'DEMPSEY sworn before me this

14th

day of October 2005.

Deponent

Solicitor/Justice of the Peace/-

į.

1030636

30 November 2004

Dr DC Sharma

Dear Dr Sharma,

You have been granted special purpose registration as a Medical Practitioner in Queensland pursuant to **Section 135** of the *Medical Practitioners Registration Act 2001*, effective from 17 January 2005 and valid until 16 January 2006.

The qualifications appearing against your name in the Register are:

MB BS FIJI 1987

Conditions imposed on your registration are as follows: Nil.

Registration Certificate Number 1030636 is enclosed and you are requested to quote this number on all correspondence.

Special purpose registration enables you to fill an area of need as a Senior Medical Officer in Orthopaedics at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent on a temporary basis. It is advised that you are not registered as a specialist. Any variation to your practice would require further approval by the Board. You should also note that the above approval is for a specific purpose to be undertaken in the defined period of time.

Registration ceases on the date mentioned above. An application for further registration must be made if a further period of registration is required.

While registration in this category is approved by the Board for an initial term of not more than twelve months, any further term of registration in relation to the above activity would be dependent upon the Board remaining satisfied that you are suitably qualified and experienced to fill the vacancy. Registrants who become eligible to sit the examinations of the Australian Medical Council are strongly urged to register with the council.

Notification when you cease to carry out the occupation referred to is required. A letter addressed to the Registrar notifying the termination of your occupation is enclosed and must be signed and sent to the Registrar at the due time. Maximum penalty – 10 penalty units (\$750.00).

Please note that you are required to notify this office in writing within 21 days of any change of address, name, the way in which you undertake the special purpose activity or if you cease to be qualified for registration. Maximum penalty — 10 penalty units (\$750.00).

The Act provides for the cancellation of a special purpose registration in each of the following circumstances if the registrant:

- practises the profession other than for the approved activity
- is convicted of an indictable offence
- is convicted of an offence against this Act, the *Health Practitioners (Professional Standards) Act 1999* or a corresponding law
- contravened a condition of registration
- was registered because of a materially false or misleading representation or declaration.

Pursuant to the *Health Practitioners (Professional Standards) Act 1999* registrants are also required to notify the Board of any of the following events:

- conviction of an indictable offence;
- conviction of an offence against a corresponding law in another State, the Commonwealth or a foreign country which would be indictable under Queensland law;
- judgments which have been delivered and settlements of proceedings in a court brought by another party against the registrant claiming damages or other compensation for alleged negligence by the registrant in the practice of the profession;
- registration, licence or certification held by the registrant under a corresponding law applying in another State, the Commonwealth or a foreign country which has been affected by disciplinary action or has been otherwise cancelled, suspended or made subject to a condition or undertaking.

Yours faithfully

for Registrar

CC:

Medical Superintendent/Manager Fraser Coast Health Service District

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY NO. 2 OF 2005

This is the annexure Marked "JPO17-K" mentioned and referred to in the Affidavit of JAMES

14th

PATRICK O'DEMPSEY sworn before me this

day of OUTOBER 2005.

Deponen

Solicitor/Justice of the Peace/

JP017-K"

Medical Bone of Oneensland

Special Purpose - Section 135 Certificate of Registration

This is to certify that

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Dinesh Chandra Prasad Sharma

pursuant to the provisions of the Medical Practitioners Registration Act 2001 is registered as a Medical Practitioner in the State of Queensland,

for the period 17 January 2005 - 16 January 2006

Special Purpose Activity:

To fill an area of need as a Senior Medical Officer in Orthopaedics at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent on a temporary basis.

EXECUTIVE OFFICER

Registration Number: 1030636