



Area of Need (AoN) General Practice Position Application Form

This form is to be used by employers seeking an AoN declaration for a General Practice position for the purpose of employing an International Medical Graduate (IMG).

i For further clarification of terms contained within this form, refer to the *Policy and Procedures for the Determination of Area of Need for Medical Services in Queensland* available on the Department of Health (DoH) website <http://www.health.qld.gov.au/aon>

Do not provide names of any possible candidates for the position.

1. Employer/authorised agent details:

Contact name

Contact phone number

Email address

2. Primary location's name and address

3. Secondary location(s) name(s) and location(s) (if required)

3.1 Are the secondary location(s) owned by the same employing entity as the primary location?

- Yes
- No – Please attach letter of support from secondary location(s) confirming their inclusion in the AoN application.
- Not applicable

4. Are all practice locations (including secondary locations) situated within a District of Workforce Shortage (DWS)?

- Yes – Go to **Question 6**
- No – Go to **Question 5**

5. Which DWS exemption category listed in AoN policy applies to the position

- After Hours Only Service
(weekdays between 6pm – 8am, weekends and public holidays only)
- Aboriginal and Torres Strait Islander primary health care service
- Approved Medical Deputising Service
- Bona-fide Locum Service

6. Please attach comprehensive advertising that has run for a minimum of 4 weeks within the past 12 months in an acceptable format (i.e. National newspapers, Specialist Medical College websites, medical journals and/or recruitment agency websites.) (Note: 'within the past 12 months' is from the date the application is submitted). Advertising must not refer to vocationally registered (VR) or non-VR, be gender specific and be designed to attract an IMG.

Evidence attached

7. Did an Australian or New Zealand trained medical practitioner(s) apply for the position?

Yes – How many? _____

No - Go to **Question 8**

7.1 Was the Australian or New Zealand trained medical practitioner offered employment?

Yes

No – Please provide a detailed explanation as to why they were not appointed.

i The operational period will be for four years.

8. Employer/Authorised Agent Declaration

I confirm that the information provided in this application is true and correct.

Name *(Please print)*

Position/Title

Signature

Date

Please send the completed application and all attachments to:
Email: areaofneed@health.qld.gov.au or
Mail to: Area of Need Unit, Department of Health, GPO Box 48, BRISBANE QLD 4001

If you have any questions in relation to completing this application, please contact the Area of Need unit on (07) 3708 5183.