

Standard Application Form			
Employer details			
Employer Name		Trading As /Practice Name	
Contact officer		Employer ABN	
Email		Registered Business address	
Mailing address			
Phone			
Position details			
Occupation Code (Select ONE only)	1 = 253111 - General Medical Practitioner 2 = 253999 - Medical Practitioners nec 3 = 253112 - Resident Medical Officer		
Main Job Location (50% or more of time) Please include full address and post code			
Main Service (Select ONE only)	1. Primary Health / GP Clinic 2. Hospital - ED 3. Hospital - Other 4. After-Hours GP service 5. Aboriginal Medical Service / ACCHO 6. Other (specify)		
Secondary Job Location (if applicable) (full address)			
Secondary Service (if applicable) (Select ONE only)	1. Primary Health / GP Clinic 2. Hospital - ED 3. Hospital - Other 4. After-Hours GP service 5. Aboriginal Medical Service / ACCHO 6. Other (specify)		
Practitioner Details			
Practitioner name [first name / last name]		Date of Birth	
AHPRA Registration number (or N/A)			
Australian Medical Qualifications Does the practitioner hold an Australian medical qualification as their primary medical degree?	Yes No	If "Yes" documentary evidence of Australian qualifications <u>must</u> be provided with this application.	
Continuing Employment Is the practitioner continuing existing employment arrangements with the same employer at the same location?	Yes No	Note: If 'Yes', proof of current employment <u>must</u> be provided with this application.	
<input type="checkbox"/> I understand that giving false or misleading information is a serious offence, and I declare that the details provided in this form are correct.			
<input type="checkbox"/> I understand that information I provide will be shared with other bodies responsible for the Visas for GPs initiative, including the Australian Government Department of Health, and Department of Home Affairs, and that all personal information relating to this application is protected by law under the Privacy Act 1988.			
Date ____/____/____			