

APPLICATION FOR ENDORSEMENT OF SPONSORSHIP OF A MEDICAL PRACTITIONER FOR RESIDENCY IN WESTERN AUSTRALIA

FORM OCMO:01



New Application Extension (has been previously approved)

Name of Sponsoring Hospital/Organisation:

Address:

Contact Person Details:

Name	<input type="text"/>
Position	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Details of Recruiting Organisation: (if applicable)

Organisation	<input type="text"/>
Contact Person	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Name of Medical Practitioner for Sponsorship (BLOCK LETTERS):

Surname

First Name

Other Names

Title of Position

Nationality

Location/s (all locations doctor will be attending to be included)

Type of Employment:

- Temporary
 Permanent
 Occupational Trainee

Period of employment:

From: / /

To: / /

I certify that:

- Eligibility for registration with the Medical Board of WA has been determined
 Remuneration offered is comparable with Australian standards and awards
 No suitable applicants have been found within Australia
 A current Curriculum Vitae is attached
 Current Clinical Performance Evaluation attached for the last 12 months
 Two references attached for the last 12 months (I confirm references have been obtained direct from the referees and are satisfactory)

 / /

THIS SECTION IS FOR USE BY THE OFFICE OF THE CHIEF MEDICAL OFFICER ONLY

- ◆ Please note approval is subject to the above named medical officer being eligible for registration with the Medical Board of WA Having considered this request against the criteria set by the Department of Immigration and Multicultural and Indigenous Affairs and the Department of Health WA:
- I support temporary residence
 I do not support permanent residence

The reason/s for non-support of sponsorship:

Signature

CHIEF MEDICAL OFFICER

 / /

Date

Please send to: Chief Medical Officer
 3B 189 Royal Street EAST PERTH 6004

