



Delivering a **Healthy WA**

Attachment 2

WA Health

Unmet Area of Need Policy and Guidelines

Application Form For Unmet Area of Need (UAN) Determination

Section 1: Applicant Organisation Details			
Name and address of requesting body (eg. local government council applying on behalf of a general practitioner practice, an area health service on behalf of a health service)			
Name and address of employing body (if different from requesting body)			
Contact person for the processing of this application			
Name/Position			
Phone	Fax	Email	
Contact person for enquiries about the position			
Name/Position			
Phone	Fax	Email	
Section 2: UAN Determination History			
Is there a current determination in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Tick as relevant If Yes, please provide the following information.			
Determination Number:		Expiry Date:	
Section 3: Position Details			
Attach a copy of the job description form for the position. A copy of the a proforma of a job description form in a suitable format can be found at http://www.overseasdoctors.health.wa.gov.au/employers/apply.cfm			
Position details (place a tick in the relevant box)			
<input type="checkbox"/> New		<input type="checkbox"/> Existing	
<input type="checkbox"/> General Practitioner		<input type="checkbox"/> Specialist, field: _____	
Position title: (including position number if identical positions being applied for)			
Principal location of the position: (e.g. town, hospital, health service)			
Private practice location/s: (where the doctor will have rights of private practice if applicable)			



Section 4: Criteria Requirements

This application needs to meet the requirements as outlined in 'Unmet Area of Need Program: Assessment Criteria'. Please note that applications will be assessed against relevant criterion. Please attach supporting documentation to this application form.
(Applicants are advised to refer to the below link for important information on this process)
<http://www.overseasdoctors.health.wa.gov.au/employers/apply.cfm>

Criteria 1: Evidence of Need – District Of Workforce Shortage

- 1.1 Has the location of the position being applied for been listed as a District of Workforce Shortage as determined by the Australian Government Department of Health and Ageing?
 YES NO

If YES please attach copy of approval.

If NO, go to <http://www9.health.gov.au/otdwdws-database/cf/index.cf> and follow the application process to obtain a District of Workforce Shortage status which is required to support a UAN application.

Criteria 2: Evidence of Labour Market Testing

- 2.1 Advertising (Copies of all advertisements **and/or** invoices must be attached)

Name of online website

Dates

- 1.
- 2.
- 3.

2.2 Outcome of advertising

Australian Trained:

Other:

Number of applicants who applied for the position:

Number of applicants interviewed:

Applicants interviewed were found unsuitable due to the following reasons: (do not identify applicants by name)



Criteria 3: Stakeholder Involvement

This criterion refers to the organisations that may be required to support the application and the type of support required. *(Stakeholders may include the various medical colleges, Divisions of General Practice, area health services. For example if a general practitioner position includes rights of practice to a public health facility, a letter of support from the Chief Executive Officer of the area health service will be required.)*

The discussions may relate to:

- possible alternative strategies
- identification of trainees/junior medical officers
- job description form
- supervision requirements and arrangements
- arrangements for an inspection of the facilities (for specialist positions only)

3.1 Formal discussions with relevant stakeholder/s

Please provide the following details of formal discussions held with key stakeholders.

Organisation	Officer	Discussion details
1.		
2.		
3.		

A copy of the correspondence or evidence of the outcome of the discussions must be attached. This may include e-mail correspondence.

3.2 Letter of Support

Please provide two (2) letters of support from individuals or organisations including those listed below:

1. **WA Country Health Service** if the application is from a rural country hospital **or Rural Health West** if the application is from a private general practice in a rural and remote area **or** the **WA General Practice Network** if the application is from a private general practice in an outer metropolitan area. **AND**
2. organisation with a service contract or direct employee relationship with the position e.g. Chief Executive Officer of relevant area health service. WA Country Health Service.

Name of officer responsible for submitting the application	Designation	Signature	Date



Checklist

Have you enclosed the following? *(you may attach additional information if required)*

1. Application form – duly signed
2. Evidence of labour market testing
3. Documentation showing evidence of stakeholder support
4. A completed job description form, including conditions of employment
5. District of Workforce Shortage confirmation.

The complete application, **including** relevant attachments should be sent to:

Medical Workforce
1st Floor, B Block
Department of Health
189 Royal Street
East Perth, WA 6004.

If further information is required, please do not hesitate to contact staff at Medical Workforce on (08) 9222 2476.

Please allow approximately 6 to 8 weeks for processing.
(This is an estimate and not a conclusive date)

The Department of Health will assess this application upon receipt of all required documentation. Please note that an incomplete application will delay the assessment process.

