

MEDICAL STAFF EXPRESSION OF INTEREST



PURPOSE
This form will assist the Royal Flying Doctor Service (Western Operations) to assess your suitability and availability to work as a medical practitioner with the organisation. Please complete all sections then forward with your Curriculum Vitae by mail, fax or email to the address on the last page.

PERSONAL DETAILS			
Surname			
Given Names			
Postal Address			
	State	Postcode	
	Country		
Telephone (Work)		Telephone (Home)	
Mobile		Facsimile	
E-mail			
Nationality		Citizenship	
Australian Residency Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Australian Visa expiry (if current Visa held)	
Do you require 457 Visa Sponsorship by an Australian Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION	
Position	<input type="checkbox"/> Flying Doctor (General Medical & Emergency) - Rural Base <input type="checkbox"/> Flying Doctor (Relieving) - All Bases <input type="checkbox"/> Flying Doctor (Retrieval only) - Jandakot (Perth) <input type="checkbox"/> Staff Specialist (Anaesthetics or Emergency Medicine) - Jandakot (Perth) <input type="checkbox"/> ACEM Registrar in Retrieval Medicine (six months) – Jandakot (Perth) <input type="checkbox"/> ANZCA Registrar in Anaesthesia (12 months) – Jandakot (Perth) (joint position with Fiona Stanley Hospital) <input type="checkbox"/> Fly-in Fly-out Retrieval Doctor - Meekatharra Base only
Preferred Location? (If any, or list in order.)	

POSITION (continued)		
Medical Registration	<input type="checkbox"/> Australia – Fully Registered: _____ <input type="checkbox"/> Australia – Limited: _____ <input type="checkbox"/> Australia – Provisional: _____	
Availability	<input type="checkbox"/> Immediately <input type="checkbox"/> Within next _____ months <input type="checkbox"/> Other: _____	<input type="checkbox"/> From early 201____ <input type="checkbox"/> From mid 201____

PRIMARY QUALIFICATIONS			
<i>Type</i>	<i>Qualification</i>	<i>Educational Institution</i>	<i>Date Completed</i>
Medicine			
Other (specify)			

POST-GRADUATE QUALIFICATIONS			
<i>Type</i>	<i>Qualification</i>	<i>Educational Institution</i>	<i>Date Completed</i>
General Practice			
Rural / Remote Medicine			
Obstetrics			
Anaesthetics			
Paediatrics			
Emergency Medicine			
General Medicine			
Public/Population Health			
Aviation medicine			
Occupational Medicine			
Management			
Other (specify)			

PROFESSIONAL DEVELOPMENT		
<i>Type</i>	<i>Educational Institution</i>	<i>Date Completed</i>
Early Management Severe Trauma (EMST)		
Advanced Paediatric Life Support (APLS)		
Advanced Life Support in Obstetrics (ALSO)		
Aust. Certificate in Civil Aviation Med (ACCAM)		
Emergency Management Severe Burn (EMSB)		
Cross-cultural Awareness		

PROFESSIONAL EXPERIENCE	
<i>Type</i>	<i>Details (eg. dates, work locations etc)</i>
Emergency Medicine	
Anaesthetics	
General Practice / Primary Health Care	

PROFESSIONAL EXPERIENCE (continued)	
<i>Type</i>	<i>Details (eg. dates, work locations etc)</i>
Obstetrics	
Paediatrics	
Aviation Medicine	
Rural & Remote health / Indigenous	

PROFESSIONAL EXPERIENCE (continued)	
Type	Details (eg. dates, work locations etc)
Research / Academic	
Other	

STATISTICAL INFORMATION	
Please indicate the source from which you got the information on potential RFDS positions.	<input type="checkbox"/> Newspaper (please specify): <input type="checkbox"/> Journal (please specify): <input type="checkbox"/> Internet (please specify site): <input type="checkbox"/> Notified by the RFDS <input type="checkbox"/> Word of Mouth (please specify): <input type="checkbox"/> Other (please specify):

OFFICE USE ONLY			
Date Expression of Interest Received		Signature	

RETURN EXPRESSION OF INTEREST TO

Dr Andrew Hooper / Dr Angela O'Connell
 Head of Medical Services
 RFDS Western Operations
 3 Eagle Drive, Jandakot Airport WA 6164
 T: +61 8 9417 6300 F: +61 8 9417 6319
 E: medical@rfdswa.com.au