

# 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

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

## POSITION

<b>Position</b>	<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 - 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
<b>Preferred Location? (If any, or list in order.)</b>	

POSITION (continued)		
<b>Medical Registration</b>	<input type="checkbox"/> Australia – Fully Registered: _____ <input type="checkbox"/> Australia – Limited: _____ <input type="checkbox"/> Australia – Provisional: _____	
<b>Availability</b>	<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>
<b>Emergency Medicine</b>	
<b>Anaesthetics</b>	
<b>General Practice / Primary Health Care</b>	

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

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 Stephen Langford  
 Director 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](mailto:medical@rfdswa.com.au)