This form is for use by employers seeking an Area of Need (AoN) determination for specialist medical services in a hospital / private location to employ an international medical graduate (IMG) non‑general practitioner (GP) specialist.

**Please refer to the following documents to assist with your application: *Area of Need Application Form Guide: Specialist Medical Services* and *Area of Need: Assessment Criteria***

Please do not provide names of any possible candidates for the position.

1. **Employer / authorised agent details\***

*(\* please attach completed nomination of third-party letter)*

* 1. **Contact person**

Click or tap here to enter text.

* 1. **Contact phone number**

Click or tap here to enter text.

* 1. **Email address**

Click or tap here to enter text.

1. **Indicate the proposed specialty and position**

 **Specialty** Click or tap here to enter text.

 **Position** Click or tap here to enter text.

1. **Proposed Area of Need location details**

*(employer, practice name, full address, suburb, local council city/shire)*

|  |
| --- |
| Click or tap here to enter text. |

1. **Is the proposed location a** **District of Workforce Shortage (DWS)?**

[ ]  **Yes** *Evidence is attached - go to Q5*

[ ]  **No** *If no, go to Q4.1*

* 1. **Which DWS exemption applies to the proposed location?**

Choose an item.

1. **Is there a current AoN determination in place for the specialty and location?**

Click or tap here to enter text.

[ ]  **Yes** Determination no*. (e.g. 8/2017)*

Expiry date

Click or tap here to enter text.

[ ]  **No** *Go to Q6*

1. **Did any Australian-qualified medical practitioner(s) apply for the position?**

Click or tap here to enter text.

[ ]  **Yes** *How many?* *Go to Q6.1*

[ ]  **No** *Go to Q7*

* 1. **Was the Australian-qualified medical practitioner(s) offered employment?**

[ ]  **Yes**

[ ]  **No**

|  |
| --- |
| Click or tap here to enter text.*If no, please provide a detailed explanation why they were not appointed below - attach a separate document if more space is required)* |

1. **Please provide demographic and statistical information on location(s)**

*(use the most current Australia Bureau of Statistics Census data)*

|  |  |
| --- | --- |
| **Population suburb** | Click or tap here to enter text. |
| **Population local council city/shire** |
| Click or tap here to enter text. |

1. **Number of medical practitioners employed at location:**

|  |  |
| --- | --- |
| Full-time | Click or tap here to enter text. |
| Part-time | Click or tap here to enter text. |
| Australian-qualified | Click or tap here to enter text. |
| IMGs**\*** | Click or tap here to enter text. |

***\**** *If you have indicated IMG(s) are employed, please attach evidence of IMG’s Ahpra limited registration in AoN*

1. **What is the location(s) trading hours?**

|  |  |
| --- | --- |
| **Monday to Friday** | Click or tap here to enter text. |
| **Saturday** | Click or tap here to enter text. |
| **Sunday** | Click or tap here to enter text. |
| **Public holidays** | Click or tap here to enter text. |

1. **Employer/Authorised Agent Declaration**

I confirm the information provided in this application is true and correct

|  |  |
| --- | --- |
| **Name**  | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Organisation/Company** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

1. **Witness Declaration**

I confirm the details provided in Q10 of this application are true and correct

|  |  |
| --- | --- |
| **Name**  | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Organisation/Company** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

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**Area of Need Application Checklist**

The application form is considered **complete** when it has been **signed** by employer/authorised agent (e.g. Chief Executive/Director Medical Services), **signed** by a witness and the following have been attached:

**Evidence of a vacant position** has been provided:

[ ]  JDF is attached

**Evidence of labour market testing** has been provided:

[ ]  Copies of advertisements and proof of advertising date and duration are attached

[ ]  The advertisements appeared at state and national level, no international advertisements are included.

[ ]  The advertisements meet minimum requirements relating to timing, duration, location and content, as outlined in the *AoN Assessment Criteria.*

[ ]  Recruitment outcomes are specified, and written evidence is attached if an Australian-qualified medical practitioner was offered the position and withdrew their application

**Evidence of need** has been provided:

[ ]  Relevant information and statistics have been included with references to ABS Census data.

**Additional information** provided:

[ ]  Evidence of DWS (or DWS exemption)

[ ]  Evidence of limited registration in AoN - *if indicated IMG(s) are employed at the location(s)*

[ ]  Completed nomination of third-party letter *– if applicable*

Please email a **complete** application (application form plus the required documents) to areaofneed@health.wa.gov.au for assessment by the Area of Need Team

***Please note: only electronic copies of documents will be accepted***

If you have any questions in relation to completing this application, please contact the Area of Need Team at: areaofneed@health.wa.gov.au