



The purpose of this document is to provide assistance to applicants when completing the Area of Need (AoN) application for general medical services.

1. Employer / authorised agent's details

An *'employer'* refers to the health service making the application for an AoN.

An *'authorised agent'* is an organisation appointed to act on behalf of the employer throughout the AoN application process. If applying as an authorised agent, a *'nomination of third party'* letter must be attached to the application to support this agreement.

1.1. Contact person

The *'contact person'* is the nominated officer responsible for all aspects of the application process and will liaise with the AoN Team on matters relating to the application.

1.2. Contact phone number

The *'contact phone number'* is for the contact person listed in question 1.1.

1.3. Email address

The *'email address'* is for the contact person listed in question 1.1.

2. Proposed Area of Need location details

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

Provide the full details of the proposed AoN location *(a post office box is not acceptable as a proposed AoN location)*.

3. Is the proposed location a Distribution Priority Area (DPA)?

YES If the proposed location has been classified as a DPA by the Australian Government Department of Health (Australian Government) for general practitioner (GP) services, attach a copy of the DPA determination to the AoN application. Evidence can be obtained from the [Health Workforce Locator Map](#).

NO If the proposed location has not been classified as a DPA by the Australian Government, refer to applicable exemptions for a non-DPA location in question 3.1.

3.1. Which DPA exemption category applies to the proposed location(s)?

If you answered *'No'* in question 3, select the applicable non-DPA exemption from the drop-down box.

If the proposed AoN location does not meet any of the non-DPA exemptions, the application will not meet the *Area of Need Assessment Criteria*.

ⓘ It is not recommended to submit an AoN application for a non-DPA location. Please contact the AoN Team at areaofneed@health.wa.gov.au.

4. Is there a current AoN determination in place for the location(s)?

YES If the application is to extend a location’s current AoN determination, provide the AoN determination number and expiry date. This information is located in the [WA Department of Health AoN database extract](#):

List of all Determinations for Area for Need in Western Australia
in accordance with the Health Practitioner Regulation National Law (WA) Act 2010 67(5)

Year	AoN Determ. No.	AoN Title	Suburb	City/Shire Jurisdiction	Health Service/Region	Site Location	Approval Date	Gazette No.	Expiry Date
2020									
	17/2020	General Medical Services	Wambro	Rockingham, City of			4/08/20	N/A	3/08/23
	16/2020	General Medical Services	Canning Vale	Canning, City of			27/07/20	N/A	1/03/22
	15/2020	Radiation Oncology Services in the suburbs of	Midland, Rockingham	Rockingham, City of, Swan, City of			27/07/20	N/A	31/12/21

NO If the application is for a new location, applicants are not required to list a current AoN determination and expiry date.

① *If the application is for a location where an AoN determination has expired, the application is required to be submitted as a new application.*

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

The underpinning philosophy of the AoN program is that the priority remains for an employer to continue their efforts to attract and recruit Australian-qualified medical practitioners.

If any Australian-qualified medical practitioners applied for the vacant position during the labour market testing process, provide the total number of Australian-qualified applicants.

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

If Australian-qualified medical practitioners applied for the vacant position but were not successful during the recruitment process, a detailed explanation outlining why they were not appointed must be provided to support the application.

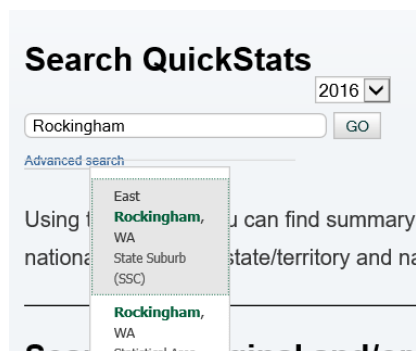
① *If more space is required, please attach a separate document to the AoN application.*

6. Provide demographic and statistical information on location(s) (use the most current Australian Bureau of Statistics Census data)

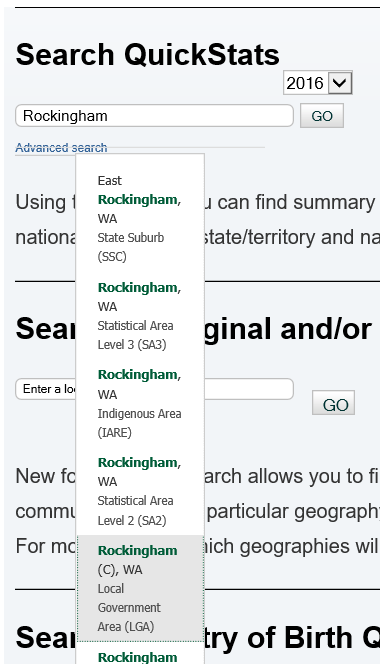
Information for the proposed location(s) should be taken from the most current Australian Bureau of Statistics Census, to include population data for the suburb and local council city/shire. This information can be found on the ABS Quick Stats webpage:

<https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20QuickStats>

Example of search function on ABS webpage:



- a. For suburb population, enter the suburb (e.g. Rockingham) and select the ‘State Suburb (SSC)’ option.



The screenshot shows a search interface with a dropdown menu for the year '2016' and a search box containing 'Rockingham'. Below the search box, there are several search options listed, including 'Rockingham, WA' and 'Rockingham, WA (C), WA'. The 'Rockingham, WA (C), WA' option is highlighted, indicating it is the selected option for the search.

- b. For local city/shire enter the name (e.g. 'Rockingham' for City of Rockingham) and select the 'Local Government Area (LGA)' option.

ⓘ Information referenced from any other source will not be accepted to support the application.

7. Number of medical practitioners employed at location(s)

Provide the number of medical practitioners that are:

- Employed on a full-time and part-time basis;
- Australian-qualified (i.e. including international medical graduates (IMGs) that have achieved Australian qualifications and are no longer required to work in an AoN to satisfy registration requirements); and
- IMGs (i.e. registered with the Australian Health Practitioner Regulation Agency (Ahpra) under [limited registration for AoN](#) or [provisional registration](#)).

ⓘ If there are IMG(s) employed at the proposed location who are registered with Ahpra under limited registration for AoN or provisional registration, please attach evidence of registration from the [Ahpra register](#).

8. What is the location(s) trading hours?

List the standard business trading hours of the employing health service, including weekend and/or public holiday trading.

9. Employer/Authorised Agent Declaration

For an 'employer', the most senior officer responsible for the employment of medical practitioners must certify that the information provided in the application is true and correct.

For an 'authorised agent', the person appointed to act on behalf of the employer throughout the AoN application process must certify that the information provided in the application is true and correct. Please ensure that a signed 'nomination of third party' letter is attached to support the application.

10. Witness Declaration

The officer noted under question 1.1 'contact person' should witness the signing of the application by the employer/authorised agent.

This document can be made available in alternative formats on request for a person with disability.

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