

Area of Need

General Practice Position Application Form

This form is to be used by employers seeking an Area of Need (AoN) declaration for a General Practice position for the purpose of employing an International Medical Graduate (IMG).

i For further clarification of terms contained within this form, please refer to the Queensland Department of Health Policy and Procedure: Declaration of an Area of Need for Medical Services in Queensland available at <https://www.health.qld.gov.au/employment/work-for-us/apply-for-a-job/overseas/area-of-need>

Do not provide names of any possible candidates for the position

1. Employer/authorised agent details:

Contact name

Contact phone number

Email address

2. Primary location's name and address

3. Secondary location(s) name(s) and address(es) (if required – if not required, go to **Question 4**)

4. Are the secondary location(s) owned by the same employing entity as the primary location?

Yes

No – Please attach a letter of support from the secondary location(s) confirming their inclusion in the AoN application.

Not applicable

5. Are all practice locations, including secondary locations, situated within a Distribution Priority Area (DPA)?

Yes – Evidence attached, go to **Question 7**

No – Go to **Question 6**

6. Does a DPA exemption category listed in Section 4 of the [Policy and Procedure](#) apply to the position? If so, please indicate the exemption category below and provide evidence to support your application for this exemption category.

After Hours Only Service (weekdays between 6pm – 8am, weekends and public holidays only)

Aboriginal and Torres Strait Islander primary health care service

Approved Medical Deputising Service

Bona-fide Locum Service

7. Please attach evidence of comprehensive advertising that meets the [Policy and Procedure's advertising requirements](#) (Section 5. Advertising).

Evidence attached

8. Did an Australian or New Zealand trained medical practitioner(s) apply for the position?

Yes - How many?

No - Go to **Question 10**

9. Was the Australian or New Zealand trained medical practitioner(s) offered employment?

Yes

No – Please provide a detailed explanation below as to why they were not appointed.

① The operational period will be for four (4) years.

10. Employer/authorised agent declaration

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

Name

Position/Title

Signature

Date

Please send the completed application form and supporting attachments via email to areaofneed@health.qld.gov.au.

If you have any questions in relation to completing this application, please contact Area of Need on 0473 304 913.

Supporting Documentation Checklist

Please attach the applicable documentation to support the AoN application:

Complete AoN application

Letter of support from secondary location(s) not owned by the primary location if applicable (refer to Q 4)

Evidence of DPA (refer to Q 5)

Evidence of DPA exemption category if applicable (refer to Q 6)

Evidence of advertising (refer to Q 7)

Evidence to support why Australian or New Zealand trained medical practitioner(s) was not offered employment if applicable (refer to Q 9)