

If you have already submitted your RMO application and need to amend details **<u>AFTER the closing date of</u> the campaign**, refer to the following steps.

There are only a few changes that can be made to your online RMO application after submission, including:

- Personal contact details
- Curriculum Vitae (CV)
- Criminal history consent form
- Proof of Identity documents
- VPD evidence documentation
- Referee Details

To log into your application. click the following link http://medrecruit.nga.net.au/?AudienceTypeCode=RMO

Click on Login, top left hand side and enter your email address and password. Click 'Login'

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	Logir Forgot p Email) hassword? <u>click here to reset your pa</u>	ssword			
	Passwor	ď				

From the 'My Application' dropdown select 'My Applications'

Cancel

Login



For the RMO Campaign and year – click on 'View my application summary'







• Once on the Review and Edit page, click on 'Edit Personal Details'



• Scroll through the page and amend the required section.

Personal Details	
First Name: *	
Test	
Last Name: *	
Test	
Indicate which is the best phone	number to be contacted on: *
Mobile 🔽	
Phone Number (including area or	nde/country code if applicable): *
22222	
	Please download the General Criminal History Check consent form [A] , and print. Complete the printed form, sign and upload to your application: *
Address: *	Browse
1 Address St	Current files: <u>QH A4 template2.docx</u>
Address 2:	
	Do you have a CURRENT passport?
	• Yes
Suburb / Town / Province: *	○ No
Suburb	Upload the photo identification and bio/information page(s) of your passport, as one file: *
State: *	Browse
QLD 🔽	Current files: <u>Test vpd-evidence-form4.pdf</u>
Post Code / Zin Code: *	
4444	From the documents list above, upload two other forms of identification as one file: *
4444	Browse
	Current files: Selection criterion.docx
	Have you obtained vaccination or non-susceptibility against all of the following: Hepatitis B, Measles, Mumps, Rubella (MMR);
	Pertussis and Varicella? (serology of Pertussis is not acceptable, record of dTpa vaccination within the past 10 years is required)
	To download the certification forms or for further infomation on VPD, please refer to the Mandatory Vaccinations page.
	 Yes
	⊖ No
	Upload a copy of your VPD evidence document: <i>Note: multiple documents must be uploaded <u>as one file</u>. For the <u>VPD evidence</u> <u>certification</u> or <u>VPD evidence</u>, please click on the links. *</i>
	Browse

Referee 2		
Title:*	Dr	
First Name:*	Test	
Last Name:*	Testor	
Position:*	s	
Health Care Facility/University:*	S	
Telephone: (including area code/country code if applicable)*	S	
Country:*	s	
Email Address: (Organisational email address is preferred)*	test@health.qld.gov.au	
Is this your immediate supervisor?*	⊖ Yes ● No	
Cancel Save		

- Once you have amended the section required, scroll to the end of the page and click 'Save'.
- **'Logout'** once you have finalised the amendments, this will update the information on your main application and if you have amended the email address for a referee, re-send the referee request form. (Note, the request will only be sent to a referee's amended email address and will not delete an already submitted report for your other referee)