

Area of Need

Hospital/Private Specialty Position Application Form

This form is to be used by employers seeking an Area of Need (AoN) declaration for a hospital/private specialty 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 (inc. HHS if QH)

3. Secondary location(s) name(s) and address(es) (if required – if not required, go to **Question 5**)

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. What AoN position is required?

Junior Medical Officers (JMO) (Private Facilities)

Senior Medical Officer – specify specialty (if any)

Specialty position

Executive Director of Medical Services (EDMS) / Medical Superintendent

Medical Superintendent with Private Practice (MSPP)

Medical Officer with Private Practice (MOPP)

i The operational period for JMO positions will be for one (1) year.

i The operational period for all other positions will be for four (4) years.

6. For specialty positions only, please provide a letter from the relevant specialty medical college confirming they support the AoN position. (Note, if support is required from the Royal Australasian College of Surgeons, the Area of Need unit will request this on behalf of the applicant).

Yes – letter attached

Not applicable

7. Are all locations required, including secondary locations, situated within a District of Workforce Shortage (DWS)?

Yes – evidence attached

No

i Evidence of DWS is **not** required when applying for Public Health Service positions, except MSPP and MOPP.

See over for medical specialties.

i Evidence of DWS for the below specialties can be sourced from the Australian Government Department of Health and Aged Care's Health Workforce Locator [website](#) under 'DWS for Specialists':

- Anaesthetics
- Diagnostic Radiology
- Obstetrics and Gynaecology
- Medical Oncology
- Cardiology
- General Surgery
- Ophthalmology
- Psychiatry

i Evidence of DWS status for all other specialties not listed above can be sourced from the Australian Government Department of Health and Aged Care via email at 19AB@health.gov.au

8. For public health positions, the position must be classified as a critical vacancy. Written advice from the EDMS or Medical Superintendent of the primary employing Hospital and Health Service is required to confirm the nature of the critical vacancy.

Evidence attached Not applicable

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

Evidence attached

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

Yes - How many?

No - Go to **Question 12**

11. 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

i Australian and New Zealand trained medical practitioners (the practitioner) will only be considered not suitable if:

- The practitioner did not meet the mandatory requirements detailed in the position description (a copy of the position description will be required to be supplied)
- The practitioner has a pre-employment screen which precludes employment (e.g., criminal or disciplinary history)
- The practitioner is unable to be credentialed by an applicable Credentialing Committee.
- The practitioner who applied for the position and subsequently withdrew interest (a written copy of the practitioner's withdrawal of interest must be supplied).

12. 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 (refer to Q 4)

Letter of support from relevant College (specialist positions only) (refer to Q 6)

Evidence of DWS (for private locations only) (refer to Q 7)

Letter confirming position is a critical vacancy
(public positions only) (refer to Q 8)

Evidence of advertising (refer to Q 9)

Evidence to support why Australian or New
Zealand trained medical practitioner(s) was not
offered employment (refer to Q 11)