Application for appointment and Credentialing - Non Senior Medical Staff only*

CHECKIST	CANDIDATE TO FILL	FOR OFFICE USE ONLY
Applicants Name		
	Checked ❑ (✓)	Checked ❑ (✓)
1. Contact details provided	❑	❑
2. Credentials: - attach CERTIFIED copies (in order)	❑	❑
(i) MBBS (or equivalent certificate)	❑	❑
(ii) AHPRA registration details (if applicable)	❑	❑
(iii) Any other additional certificates	❑	❑
(iv) Copies of relevant Visa documents (if applicable)	❑	❑
(v) CV	❑	❑
3. Training and experience		
4. Appointments		
5. Academic appointments/teaching experience		
6. Continuing education/continuing professional development		
7. Clinical review/peer review		
8. Grand rounds/health service educational activities (if applicable)		
9. Other information		
10. Health status		
11. Disclosure about disciplinary actions/criminal activity		
12. Referees		
13. Agreement/undertakings		
14. Declaration		
Application details check by (name)		
Signature _____	Date _____	

Applicant to fill (Type):
Please note: If you need to correct any error in your application, please initial the correction.

POSITION APPLIED FOR	
Area of special interest (if applicable)	

1. Applicant and contact details

Surname	
Given Name/s	
Previous Name Please include your previous name if that appears on certificates	
Date of Birth	
Place of Birth	
Residency status (Australian citizen/permanent/temporary resident)	
Professional Address	
Phone (BH)	
Phone (AH)	
Fax	
Mobile	
Pager	
e-mail address	
Postal Address (if different to Professional Address above)	
Private Address	

2. Qualifications (undergraduate/postgraduate/formal recognised training)

Qualification	University/organisation	Year obtained

Please provide copies of qualifications obtained

3. Other training and experience

Please provide details of relevant experience/clinical experience and post-qualification training.

Include the title of course/s undertaken, the organisation offering the course, and the qualification obtained.

4. Appointments

(a) Provide details on all current and previous appointments (including names of organisations and dates of appointment) or other places.

Organisation	Term of appointment
Major appointment:	to
Other appointments:	to
	to
	to
	to
	to
	to
	to
	to

5. Academic appointments/teaching experience

Provide details on current and previous teaching appointments (including names of organisations and dates of appointment).

Organisation	Status/level	Term of appointment
		to
		to
		to
		to
		to
		to
		to

6. Continuing education/continuing professional development

(a) Provide details of your involvement in current continuing education/continuing professional development. Include name of the college/organisation program in which you are enrolled and maintenance of activity log book.

7. Clinical review/peer review

Do you regularly participate in formal quality and peer review activities?	Yes☐ No☐

Provide details on such quality/peer review activities.

8. Grand rounds/health service educational activities (if applicable)

Are you prepared to conduct a grand round or other educational activities, for example, on a once a year basis?	Yes☐ No☐

9. Have you any other information to support this application?

10. Health status

Do you have a disability/health issue that: may impact on your ability to perform any of the cognitive and physical functions of the role you are seeking in this application? may require special equipment, facilities or work practices to enable you to perform this role you've applied for?	Yes☐ No☐

If yes, please provide details of the disability/health issue, its impact on your ability to carry out this role, and details of any special equipment facilities or work practices required. This information can be provided on this form or, if you prefer, you can provide the information in a sealed envelope marked 'confidential for medical director only' appended to this application, and indicate here that additional information is provided separately in this manner. This information is sought to enable an assessment to be made as to whether you can safely perform the inherent/reasonable requirements of the work which you seeking to perform at the hospital by submitting this application, or whether any reasonable adjustments might be required to ensure that you can work at the hospital in a way that ensures patient safety (if applicable).

11. Disclosure about disciplinary actions/criminal activity

Have you ever been the subject of disciplinary action in the course of your work?	Yes☐ No☐
If YES, please describe.	
Have you ever been the subject of any investigation, inquiry or findings regarding your professional performance or your professional conduct?	Yes☐ No☐
Have you ever been convicted or found guilty of any criminal offence, including a drug or alcohol related offence?	Yes☐ No☐
Are you the subject of pending criminal charges?	Yes☐ No☐
If YES to any of the above, please provide full details. Or, if you prefer, provide the information in a sealed envelope marked 'confidential for medical director only' appended to this application, and indicate here that additional information is provided separately in this manner.	
Have you ever had any adverse findings made against you that may be relevant to your appointment (in addition to anything you may have noted above)?	Yes☐ No☐
If YES, please provide full details.	

If you require further space to answer any questions, please attach separate pages, identified with the relevant section number.

12. Referees

Please provide details of two independent professional referees, who have been in a position to judge your qualifications and experience during the past five years and who have no conflict of interest in providing a reference.

Referee 1

Name	
Position held currently	
Professional address	
Phone (BH)	
Phone (Mobile)	
Fax	
e-mail address	

Referee 2

Name	
Position held currently	
Professional address	
Phone (BH)	
Phone (Mobile)	
Fax	
e-mail address	

13. Agreement/undertakings

I understand that in assessing my application for appointment, the health service will make additional enquiries as to my suitability for the position.

I authorise the health service to conduct a criminal history check in relation to my history.	Yes☐ No☐
I authorise the health service to obtain information relevant to my application from the relevant board regulating health practitioners, whether in Victoria or elsewhere (if applicable).	Yes☐ No☐
I authorise the health service to obtain information relevant to my supervision requirements (if applicable).	Yes☐ No☐
I authorise the health service to seek information as to my past experience, performance and current fitness from my referees and from other persons as the health service considers appropriate, including any relevant health service, college or other professional organisation.	Yes☐ No☐
I authorise access to the above information by representatives of the health service's credentialing committees.	Yes☐ No☐
If appointed, I agree to familiarise myself with relevant hospital by-laws, policies and procedures and to abide by them.	Yes☐ No☐
If appointed, I agree to abide by confidentiality and privacy obligations and understand that breaches may result in the cessation of my appointment.	Yes☐ No☐
I agree to notify the Hiring Manager of any event/situation which may impact on my ability to exercise my role.	Yes☐ No☐
If appointed, I agree to comply with relevant ongoing educational/certification programs of my college/association/joint consultative committee and to furnish details to the health service (where applicable).	Yes☐ No☐
If appointed, I agree to participate in annual performance appraisal.	Yes☐ No☐
If appointed, should any question as to my credentialing arise, I agree that the health service may make such inquiries as it considers necessary to assess whether that credentialing is appropriate.	Yes☐ No☐

14. Declaration

I hereby declare that the information contained in this application is true and correct.

Signature of Applicant ....Date ....

Please note: If for any reason you are unable to sign the Declaration above, please explain the circumstances.

Certified Copies of required documentation MUST be attached to your application.