



GPO Box 4221 Darwin NT 0801
 2nd Floor Harbour View Plaza
 Cnr McMinn & Bennett Streets Darwin NT 0800
 Tel: +61 8 8999 4157 Fax: +61 8 8999 4196
 Email: healthprofessions.ths@nt.gov.au
 Website: www.nt.gov.au/health/registrationboards

APPLICATION FOR AREA OF NEED APPROVAL – EMPLOYER HOSPITAL MEDICAL OFFICER

(for completion by Employing Agency/Sponsor of the nominated International Medical Graduate (IMG))

**NAME OF NOMINATED INTERNATIONAL
 MEDICAL GRADUATE (IMG):**

POSITION TITLE:

NOTE: *A generic position description must be forwarded to the Board with this application a completed IMG Area of Need Position Description must be forwarded within one week of IMG's commencement in the position*

SUPERVISION PLAN: (if a completed Supervised Practice Plan is not attached please provide an overview of the proposed supervision arrangements). **NOTE:** *A completed Supervised Practice Plan must be forwarded to the Board within six weeks of IMGs commencement in the position.*

WHY DO YOU CONSIDER THE APPLICANT SUITABLE FOR THIS POSITION? (State reasons)

**DOES THE SELECTED IMG MEET THE BOARD'S 'ENGLISH LANGUAGE
 PROFICIENCY, INTERNATIONAL MEDICAL GRADUATE POLICY'?**

YES NO

SPONSORING ORGANISATION:

ADDRESS:

EMPLOYER:

ADDRESS:

LOCATION OF AREA OF NEED

WAS THE POSITION ADVERTISED? (When? Where? Provide copies of advertisement):

WHAT WAS THE RESPONSE TO ADVERTISING?

DID AUSTRALIAN QUALIFIED MEDICAL PRACTITIONERS APPLY FOR THE POSITION?

YES

NO

If Yes, how many?

REASON FOR REJECTION OF AUSTRALIAN QUALIFIED MEDICAL PRACTITIONERS:

UNDERTAKING

1. I will ensure a completed Supervised Practice Plan (in the Board's approved format), is forwarded to the Board within six weeks of the nominated IMG commencing employment.
2. I will ensure a completed IMG Area of Need Position Description (in the Board's approved format), is forwarded to the Board within one week of the nominated IMG commencing employment.
3. I understand that it is a requirement of the Medical Board of the NT that termination of the employment contract by either party must be notified immediately in writing to the Board by both parties. The IMG must also provide notification of their next intended destination.
4. I understand that Conditional Registration is granted for the period of employment, which will not exceed twelve months. An application may be made for an extension of registration for a further period, not exceeding twelve months. A letter from the employing agency that provides a clear rationale for extending the Conditional Registration must accompany the Conditional Registrant's application for registration renewal.
5. I understand that repeated renewal of registration will be contingent upon the IMG showing satisfactory progress towards completion of the AMC Certificate; or if relevant, a qualification recognised by an Australian Specialist College; and satisfactory Supervisor Reports.
6. I will ensure that during the period of the IMG's employment, reports from the Principal or Co-Supervisor are provided every six months; on termination of a contract; or at the specific request of the Board. Supervision Reports must be provided in the Board's approved format.
7. I, as the employer, or the delegate¹ of the employer, will ensure that the IMG does not work outside the conditions of their registration.
8. I understand that any change of practice conditions (eg: location, supervisor) will require the prior approval of the Board.
9. I understand that any breach of conditions may result in review and/or cancellation of registration.

SIGNATURE OF EMPLOYER/DELEGATE

DATE / /

PRINTED NAME

DESIGNATION

¹ Delegate should be in a position to ensure compliance with the above undertakings.