



# International Medical Graduate (IMG) Area of Need Position Description

## General Practitioner Positions

### Instructions

1. This form is to be completed by the Employer and signed by both the IMG and Supervisor(s).
2. The information in *italics* has been provided to assist you in preparing this position description
3. Once you have entered the information that is relevant for the position please remove these instructions and any phrases in *italics* and brackets
4. Please return completed form to:

**Medical Board of the Northern Territory**  
PO Box 4221  
DARWIN NT 0801

Fax: (08) 8999 4196

Email: [healthprofession.ths@nt.gov.au](mailto:healthprofession.ths@nt.gov.au)













**Co-Supervisor's Details**

Name:

Postal Address:

Street Address:

Phone:  Fax:

Mobile:  Email:

Provide a brief summary of Co-Supervisor's qualifications and experience


Does this person currently supervise other IMG's.

Yes  No:

If 'Yes', total number of IMG's currently supervising

**PERFORMANCE MONITORING**

*Indicate that the IMG is responsible for:*

- *Participating in ongoing review of his/her clinical practice, as per conditional registration guidelines;*
- *Participating in continuing medical education and professional development as covered by the supervision arrangements stipulated by the Medical Board;*
- *Meeting conditions applying to his/her registration in the Northern Territory; and*
- *Maintaining his/her professional competence.*

*Indicate the name and position of the supervisor who will provide reports on the performance of the IMG.*


## **EMPLOYER CONTACT DETAILS**

---

### **Contact Person's Details**

Name:

Postal Address:

  

Street Address:

  

Phone:

Fax:

Mobile:

Email:

## **VERIFICATION**

---

The IMG appointed to the position agrees to work in accordance with the requirements of the position and comply with policies and procedures of the Medical Board of the Northern Territory.

### **IMG**

Signature:

Print Name:

Date:

### **SUPERVISOR**

Signature:

Print Name:

Date:

### **CO-SUPERVISOR**

Signature:

Print Name:

Date: