This form is for use by employers seeking an Area of Need (AoN) determination for general medical services to employ an international medical graduate (IMG) general practitioner (GP).

**Please refer to the following documents to assist with your application: *Area of Need Application Form Guide: General Medical Services* and *Area of Need: Assessment Criteria***

Please do not provide names of any possible candidates for the position.

1. **Employer / authorised agent details\***

*(\* please attach completed nomination of third-party letter)*

* 1. **Contact person**

Click or tap here to enter text.

* 1. **Contact phone number**

Click or tap here to enter text.

* 1. **Email address**

Click or tap here to enter text.

1. **Proposed Area of Need location details**

*(employer, practice name, full address, suburb, local council city/shire)*

|  |
| --- |
| Click or tap here to enter text. |

1. **Is the proposed location a Distribution Priority Area (DPA)?**

**Yes** *Evidence is attached - go to Q4*

**No** *If no, go toQ3.1*

* 1. **Which DPA exemption applies to the proposed location?**

Choose an item.

1. **Is there a current AoN determination in place for the specialty and location?**

Click or tap here to enter text.

**Yes** Determination no*. (e.g. 8/2017)*

Expiry date

Click or tap here to enter text.

**No** *Go to Q5*

1. **Did any Australian-qualified medical practitioner(s) apply for the position?**

Click or tap here to enter text.

**Yes** *How many?* *Go to Q5.1*

**No** *Go to Q6*

* 1. **Was the Australian-qualified medical practitioner(s) offered employment?**

**Yes**

**No**

|  |
| --- |
| Click or tap here to enter text.  *If no, please provide a detailed explanation why they were not appointed below - attach a separate document if more space is required)* |

1. **Provide demographic and statistical information on location(s)**

*(use the most current Australia Bureau of Statistics Census data)*

|  |  |
| --- | --- |
| **Population suburb** | Click or tap here to enter text. |
| **Population local council city/shire** | |
| Click or tap here to enter text. | |

1. **Number of medical practitioners employed at location:**

|  |  |
| --- | --- |
| Full-time | Click or tap here to enter text. |
| Part-time | Click or tap here to enter text. |
| Australian-qualified | Click or tap here to enter text. |
| IMGs**\*** | Click or tap here to enter text. |

***\**** *If you have indicated IMG(s) are employed, please attach evidence of IMG’s Ahpra limited registration in AoN*

1. **What is the location(s) trading hours?**

|  |  |
| --- | --- |
| **Monday to Friday** | Click or tap here to enter text. |
| **Saturday** | Click or tap here to enter text. |
| **Sunday** | Click or tap here to enter text. |
| **Public holidays** | Click or tap here to enter text. |

1. **Employer/Authorised Agent Declaration**

I confirm the information provided in this application is true and correct

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Organisation/Company** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

1. **Witness Declaration**

I confirm the details provided in Q9 of this application are true and correct

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Position/Title** | Click or tap here to enter text. |
| **Organisation/Company** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

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**Area of Need Application Checklist**

The application form is considered **complete** when it has been **signed** by employer/authorised agent (e.g. Chief Executive/Director Medical Services), **signed** by a witness and the following have been attached:

**Evidence of a vacant position** has been provided:

JDF is attached

**Evidence of labour market testing** has been provided:

Copies of advertisements and proof of advertising date and duration are attached

The advertisements appeared at state and national level, no international advertisements are included.

The advertisements meet minimum requirements relating to timing, duration, location and content, as outlined in the *AoN Assessment Criteria*

Recruitment outcomes are specified, and written evidence is attached if an Australian-qualified medical practitioner was offered the position and withdrew their application

**Evidence of need** has been provided:

Relevant information and statistics have been included with references to ABS Census data.

**Additional information** provided:

Evidence of DPA (or DPA exemption)

Evidence of limited registration for AoN - *if indicated IMG(s) are employed at the location(s)*

Completed ‘nomination of third-party’ letter - *if applicable*

Please email a **complete** application (application form plus the required documents) to [areaofneed@health.wa.gov.au](mailto:areaofneed@health.wa.gov.au) for assessment by the Area of Need Team

***Please note: only electronic copies of documents will be accepted***

If you have any questions in relation to completing this application, please contact the Area of Need Team at: [areaofneed@health.wa.gov.au](mailto:areaofneed@health.wa.gov.au)