# **NNSW LHD COVID-19 Medical Workforce Planning - Rapid On Boarding of General Practice Medical Officers Form**

|  |  |  |
| --- | --- | --- |
| **Your details (\* denotes mandatory fields)** | | |
| Full name\* |  | |
| DOB\* |  | |
| Postal address\* |  | |
| Mobile\* |  | |
| Email\* |  | |
| AHPRA Registration No.\* |  | |
| Working with Children Check No.\* |  | |
| Criminal Record Check No.\* |  | |
| General Practice/s where you consult\* |  | |
| Number of years of experience as a GP\* |  | |
| Fellowship of the Royal Australian College of General Practitioners Membership No. |  | |
| Fellowship of Australian College of Rural and Remote Medicine Membership No. |  | |
| Current NNSW LHD employee? | Yes | No |
| Have you recently undergone PPE training? | Yes | No |

|  |
| --- |
| **Please provide a brief overview of your recent work experience (last 10 years)** |
|  |

|  |
| --- |
| **Please list any other qualifications or training you think may be relevant** |
|  |

|  |  |
| --- | --- |
| **Please provide the name and contact details of one referee who is a current Medical Officer employed with NNSW LHD** | |
| Full name |  |
| Position title |  |
| Mobile number |  |
| Email |  |

|  |  |
| --- | --- |
| **Location/s you are willing to work** | **Yes/No** |
| Ballina |  |
| Bonalbo |  |
| Byron |  |
| Casino |  |
| Grafton |  |
| Kyogle |  |
| Lismore |  |
| Maclean |  |
| Murwillumbah |  |
| Nimbin |  |
| Tweed |  |
| Urbenville |  |
| Other- please comment |  |

|  |  |
| --- | --- |
| **Indication of specialty area you are willing to work** | **Yes/No** |
| Fever Clinic |  |
| General Ward |  |
| Staff Health Clinic |  |
| Emergency Department - Fast track or more complex |  |
| On Ward: non COVID |  |
| On Ward: COVID |  |
| Palliative Care |  |
| Residential Aged Care Facility |  |
| Hospital in The Home |  |
| Other - please comment |  |

|  |  |
| --- | --- |
| **Potential availability** | **Yes/No** |
| 1 shift p/w |  |
| 2 shifts p/w |  |
| 3 shifts p/w |  |
| 4 shifts p/w |  |
| 5 shifts p/w |  |
| As required |  |

|  |  |
| --- | --- |
| **Shift type** | **Yes/No** |
| Morning only |  |
| Evening only |  |
| Nights only |  |
| Morning and evenings |  |
| Mornings and nights |  |
| Evenings and nights |  |
| All shifts |  |

|  |  |
| --- | --- |
| **Recency of acute hospital practice** | **Yes/No** |
| Currently work in a hospital |  |
| <5yrs |  |
| <10yrs |  |
| >10yrs |  |

|  |
| --- |
| **Other- please comment (e.g. Defense force, experience in ED, clinics, etc)** |
|  |

**Please send your completed form to Sarah Lawty, Clinical Operations Project Manager, NNSW LHD** [**sarah.lawty@health.nsw.gov.au**](mailto:sarah.lawty@health.nsw.gov.au) **by 24 April 2020.**