

**GUIDELINES FOR COMPLETION OF  
THE JUNIOR DOCTOR APPOINTMENT FORM FOR CLINICAL INTERNATIONAL MEDICAL  
GRADUATES (IMG)**

This will provide the Medical Workforce Unit with the necessary information to appoint an International Medical Graduate, to write their contract, and to obtain their medical registration, college approval and visa. Please be aware that if any of the requested information is not provided, this will delay the appointment of the new doctor.

Please return the completed form to:

**Lynne Hyett  
International Medical Graduates Co-ordinator  
Medical Workforce Unit**

**All** the requested relevant documentation must be attached to the form, including the Medical Practitioners Board Application for Specific Registration form completed by the RCH Supervisor. Lynne will then contact the doctor to arrange the appropriate registration and visa.

If you have any queries about this form, about the process of appointing an International Medical Graduate, or any other related issue, please contact Lynne at [lynne.hyett@rch.org.au](mailto:lynne.hyett@rch.org.au) or on extension 4632.

***\*Please note the information you provide on this form is used to determine the doctor's contract. Immigration now requires all contracts to be submitted with the visa application, so it is vital the information provided is accurate.***

CLINICAL IMG JUNIOR MEDICAL STAFF - RESIDENTS, REGISTRARS & FELLOWS

Doctor's Name: \_\_\_\_\_

Doctor's Email Address: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Classification: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Name of Training Supervisor: \_\_\_\_\_

TOTAL number hours of work required per week: \_\_\_\_\_  
(Including clinical, research and other)

Number of hours for clinical work: \_\_\_\_\_

Of this, approx number hours to be spent  
doing non-supernumerary clinical work: \_\_\_\_\_  
*(This means essential clinical work which would need to be done by another doctor, if this  
doctor had not been appointed to this post) This work must be paid at AMA award rates*

Approx hours to be spent doing research: \_\_\_\_\_

Is the research component of the post to be paid? Yes/No

TOTAL number of paid hours per week: \_\_\_\_\_

If paid directly by the Department, Cost Centre for Salary \_\_\_\_\_

If paid directly from their home country, previous institution, grant or other external  
Source, details must be attached and must be in Australian dollars

Will the doctor be on-call out of hours? Yes / No

Details of the on-call required \_\_\_\_\_

Is the doctor likely to work overtime? Yes / No

Please list all sites where the doctor is required to work and the supervisor for each site:  
**(If all sites are not listed at the time of the visa application, the doctor will not be able to  
work at non RCH sites once the visa is approved, as per immigration law)**

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Form Completed by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Head of Department: \_\_\_\_\_

Signature: \_\_\_\_\_

*This form must be authorised by the Head of Department. The Medical Board supervisor's declaration and details form complete the process to commence the applications for appointment.*

**Checklist of attachments**

- CV of registrar/fellow to be appointed
- English Language Test Results or Evidence the Dr's entire Secondary education was completed in English

(Note: Secondary education results are only accepted from the UK, Ireland, Canada, USA, New Zealand and South Africa. All doctors who have completed their secondary education in any other country must provide current IELTS results with minimum band scores of 7 in every category)

- Current training program for the post signed by the supervisor and endorsed by Exec. Director of Medical Services, Caroline Clarke or Chief of Surgery, Leo Donnan
- Details of funding, if the doctor is not being paid by RCH
- Medical Practitioners Board Application for Specific Registration - Supervisor Declaration signed and Supervisor Details complete
- Copy of the Job advertisement (required for all CLINICAL Non-supernumerary appointments)
- Interview notes and reference checks (required for all CLINICAL Non-supernumerary appointments)

**Please return this form with ALL relevant attachments to Lynne Hyett, IMG Co-ordinator in the Medical Workforce Unit, RCH**

**To be completed by Royal Children's Hospital Supervisor**

**SECTION 11: SUPERVISION**

<b>SUPERVISOR DETAILS</b>	
<b>1</b>	<p>I have arranged for a suitably qualified medical practitioner to be my principal supervisor. My supervisor's details are:</p> <p>Name: _____</p> <p>Registration Number: _____ Position: _____</p>
<b>2</b>	<p>Work Address: _____</p> <p>_____</p> <p>_____</p> <p>Email contact: _____</p> <p>Telephone contact: _____</p>
<b>SUPERVISOR'S DECLARATION</b>	
<b>3</b>	<p><b>Undertaking</b></p> <p>I undertake to be the applicant's principal supervisor and to provide a level of supervision as determined from time to time by the Board.</p> <p>I further undertake to:</p> <ul style="list-style-type: none"><li>a) ensure that the applicant is practising safely and is not placing the public at risk,</li><li>b) observe the applicant's work, conduct case reviews, periodically conduct performance reviews and identify and address any problems,</li><li>c) notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings,</li><li>d) ensure that the applicant practises in accordance with work arrangements approved by the Board,</li><li>e) obtain approval of the Board for any proposed changes to work arrangements before they are implemented,</li><li>f) inform the Board if I am no longer able to undertake the role of the applicant's supervisor,</li><li>g) ensure that, in delegating day to day supervision to other medical practitioners, they have either general registration under section 6 of the Act or specific registration under section 7(1)(f) of the Act, and</li><li>h) provide work performance reports to the Board in a form approved by the Board at the end of the first month and at subsequent intervals as determined by the Board.</li></ul>
<b>4</b>	<p>Name: _____</p> <p>Signed: _____ Date: ____ / ____ / ____ (dd/mm/yyyy)</p> <p style="text-align: center;"><i>(Supervisor)</i></p>

**SECTION 12: WORK PERFORMANCE REPORT**

<b>1</b>	<p>I have attached a report which addresses my suitability for specific registration to pursue my career objective in Victoria, issued by (tick one):</p> <p><input type="checkbox"/> my principal supervisor in Victoria</p> <p><input type="checkbox"/> a medical practitioner able to comment on relevant work most recently undertaken outside Victoria</p>
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