





## Health Workforce Queensland

Supporting Primary Health Care in Rural Communities

Type of practice:                      Solo Practitioner (solo in district)                        
   Sole Practitioner (more than one in district)                        
   Group Practitioner                        
   Number of Doctors in practice                     

During Locum Coverage:

Contact Person and Number: .....

Will Practice Nurse be in attendance?                      Yes/No                      Name: .....

Will Practice Manager be in attendance?                      Yes/No                      Name: .....

Number of GPs in town (other than locum): .....

Distance to nearest GP (if single doctor town): .....

Does the locum require VMO rights: .....

### Level and type of services required for Locum to provide in your practice: Please tick box

Obstetrics:	Antenatal	<input type="checkbox"/>	Simple Delivery	<input type="checkbox"/>	Forceps/LCS	<input type="checkbox"/>		
Anaesthetics:	Local Block	<input type="checkbox"/>	Epidural	<input type="checkbox"/>	G.A.	<input type="checkbox"/>	Bier's Block	<input type="checkbox"/>
Emergency:	No casualty	<input type="checkbox"/>	Casualty Set-up	<input type="checkbox"/>				
Orthopedics:	Undisplaced	<input type="checkbox"/>	Closed Reduction	<input type="checkbox"/>	Open Reduction	<input type="checkbox"/>		
Surgery:	Excision	<input type="checkbox"/>	Plastic	<input type="checkbox"/>	Several	<input type="checkbox"/>		
Procedures:	Audiogram	<input type="checkbox"/>	ECG	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>		
	Ultrasound	<input type="checkbox"/>	Cryotherapy	<input type="checkbox"/>				
	X-Ray	<input type="checkbox"/>	Take	<input type="checkbox"/>	Read	<input type="checkbox"/>		

Hospital attended: \_\_\_\_\_ Is a provider number required: Yes/No

Nursing Home/s attended: \_\_\_\_\_

Average weekly workload (number of patients): \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Monday/Friday \_\_\_\_\_

Saturday Morning \_\_\_\_\_

Afternoon off \_\_\_\_\_

On-Call Requirements \_\_\_\_\_

Is your practice computerised:                      Appointments                                            Scripts                                            Records                     

Software used in practice: \_\_\_\_\_



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**DISCLAIMER:** The contract for service arising out of the provision of Locum Services shall be as between the particular rural doctor and locum concerned and those parties shall be respectively liable for all actions, claims and demands both as between each other and with third parties arising out of such contract for service and each party shall indemnify the Health Workforce Queensland against any liability arising out of such actions, claims of Demands.

This application constitutes an offer to Health Workforce Queensland to enter into an agreement to use the Health Workforce Queensland locum service. Once the offer is accepted by Health Workforce Queensland, there is an agreement between you and Health Workforce Queensland for the use of the locum service

I agree to abide by the conditions of the locum service as specified in the "Guidelines for Requests of Health Workforce Queensland Locum Service."

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

Date \_\_\_\_\_

**Please return your completed form to:**

Health Workforce Queensland

Locums Coordinator

GPO Box 2523

BRISBANE QLD 4001

or

Fax: 07-3105-7801

or

Email: [recruitment@healthworkforce.com.au](mailto:recruitment@healthworkforce.com.au)

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Post: GPO Box 2523 Brisbane QLD 4001 | Email: [admin@healthworkforce.com.au](mailto:admin@healthworkforce.com.au)

ABN: 81065 574 996

Tel: 07 3105 7800 | Fax: 07 3105 7801