

## LOCUM REGISTRATION (Part A)

☐ **Specialist Obstetrician**
☐ **GP Obstetrician**

T: (03) 9412 2912  
F: (03) 9415 9306  
E: roals@ranzcof.edu.au  
W: www.roals.org.au

Please complete all sections in BLOCK LETTERS

### 1. LOCUM DETAILS

Title:

First Name:

Last Name:

Preferred Name:

Date of Birth:  /  /

☐ Male ☐ Female

ABN:

GST Registered: ☐ Yes ☐ No

### 2. LOCUM QUALIFICATION

Please indicate your RANZCOG qualification:

☐ **Specialist**

I have a RANZCOG Fellowship and wish to register as a Specialist Obstetrician Locum.

☐ **GP Obstetrician**

I have a DRANZCOG or DRANZCOG Advanced qualification and wish to register as a GP Obstetrician Locum.

### 3. HOME ADDRESS

Address:

Suburb:

State:  Postcode:

Home Phone:  ( )

Home Fax:  ( )

Mobile:

Home Email:

☐ Please send all correspondence to my home address

### 4. PRACTICE ADDRESS

Practice Name:

Address:

Suburb:

State:  Postcode:

Work Phone:  ( )

Work Fax:  ( )

Work Email:

☐ Please send all correspondence to my work address

### 5. METHOD OF CONTACT

Please indicate your preferred method of contact:

☐ Email ☐ Mobile ☐ Phone ☐ Post

### 6. REASONS FOR ACTING AS A LOCUM

Please indicate your reasons for wishing to act as a ROALS locum (please tick ALL that apply):

- ☐ Primary source of income ☐ Convenience (spare time)
- ☐ Transition to retirement ☐ Support rural colleagues
- ☐ To gain experience ☐ Exposure to rural life
- ☐ Networking opportunity ☐ Secondary source of income
- ☐ Opportunity to consider relocation
- ☐ Other: (please specify) \_\_\_\_\_

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### 7. POSITION PROFILE

Position profile: (please tick ALL that apply to your practice)

- |  |  |
|--|--|
| <input type="checkbox"/> Public              | <input type="checkbox"/> Private                 |
| <input type="checkbox"/> Solo                | <input type="checkbox"/> Group                   |
| <input type="checkbox"/> Hospital based      | <input type="checkbox"/> Non-hospital based      |
| <input type="checkbox"/> Specialist Obs only | <input type="checkbox"/> Specialist O and G      |
| <input type="checkbox"/> GP Obstetrics only  | <input type="checkbox"/> GP and GP Obstetrics    |
| <input type="checkbox"/> GP O and G          | <input type="checkbox"/> Other: (please specify) |

### 8. MEDICAL REGISTRATION

Do you have current Medical Registration in Australia?

- ☐ Yes ☐ No

What is your medical registration number?

### 9. MEDICAL INDEMNITY

What is your medical defence organisation?

What level of indemnity cover do you currently have?

Does your indemnity allow you to work in private practice?

- ☐ Yes ☐ No

### 10. ACCESS TO MEDICARE BENEFITS

Any doctor who has been trained overseas, or who was not a permanent resident or Australian citizen at the time of undertaking medical training and first began work as a doctor in Australia on or after 1 January 1997, will be subject to Medicare provider number restrictions and therefore a Section 19AB exemption will need to be granted before the doctor can undertake a ROALS locum placement and be granted a Medicare provider number under Section 19AB of the *Health Insurance Act 1973*.

Applications for section 19AB exemptions should be provided to Medicare Australia at least four weeks prior to the proposed date of commencement.

#### Section 19AB exemptions (Medicare provider numbers)

Do you require a Section 19AB exemption to undertake a ROALS locum placement?

- ☐ Yes ☐ No

### 11. FOR GP'S ONLY - Vocational registration

Are you vocationally registered as a General Practitioner?

- ☐ Yes ☐ No

### 12. CURRICULUM VITAE

☐ **YES** My current curriculum vitae is attached, including the details of two referees.

**Please note:** Your ROALS registration will not be processed until a CV is received

### 13. CONFIDENTIALITY

The information you have provided will be used to assist with ROALS future planning. Your contact details will be kept on the ROALS confidential contact database, although information will also be used for administering and regulating ROALS.

We may share or transfer information relating to you and ROALS, including de-identified information concerning you and your experiences (which may include claims, clinical performance and related information), to committees or management groups established for the purposes of managing, regulating or overseeing ROALS, or provide contact details of your recent ROALS placements to future locums.

This information (and the information obtained by us for ROALS) may be used by us in connection with ROALS:

- for education and research purposes;
- for general workforce management; and
- otherwise as permitted by law.

By providing the information in this application form and signing below you are:

- Warranting that the information provided is true and correct and not misleading;
- Undertaking to promptly notify ROALS/RANZCOG in writing of any changes to the information provided; and
- Confirming your permission for ROALS/RANZCOG to use the data as described.

Locum Name: (please print) \_\_\_\_\_

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



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

## LOCUM REGISTRATION (Part B)

☐ Specialist Obstetrician

☐ GP Obstetrician

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First Name:	
Last Name:	
Preferred Name:	
Phone:	(    )
Mobile:	

### REGENCY OF PRACTICE

In November 2008, the ROALS Advisory Committee identified recency of practice as a key criterion to be included in locum applications.

This is in accordance with the RANZCOG College Statement WP1-13: Re-entry guidelines following a prolonged period of absence from practice and retraining programs for Fellows. This statement is available on the RANZCOG website:

[www.ranzcog.edu.au](http://www.ranzcog.edu.au)

### 2. LOCUM SKILLS

Please indicate only those procedures that you have performed in the past 3 years. Please tick ALL that apply:

#### a. What **operative procedures** are you capable of performing?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Colposcopy                        | <input type="checkbox"/> Hysterectomy (vaginal)   | <input type="checkbox"/> Abdominal Hysterectomy |
| <input type="checkbox"/> Laparoscopy (diagnostic)          | <input type="checkbox"/> D&C                      | <input type="checkbox"/> Vaginal Repair         |
| <input type="checkbox"/> Laparoscopy (operative)           | <input type="checkbox"/> Lletzt                   | <input type="checkbox"/> With mesh              |
| <input type="checkbox"/> Endometriosis                     | <input type="checkbox"/> Termination of pregnancy | <input type="checkbox"/> Without mesh           |
| <input type="checkbox"/> Ectopic pregnancy                 | <input type="checkbox"/> Sling Procedure          | <input type="checkbox"/> Laparotomy             |
| <input type="checkbox"/> Lap assisted vaginal hysterectomy | <input type="checkbox"/> Suburethral              | <input type="checkbox"/> Ovarian cystectomy     |
| <input type="checkbox"/> Vaginal vault resuspension        | <input type="checkbox"/> Transobturator           | <input type="checkbox"/> Salpingo-oophorectomy  |
| <input type="checkbox"/> BURCH colposuspension             | <input type="checkbox"/> Suprapubic               | <input type="checkbox"/> Ectopic pregnancy      |
| <input type="checkbox"/> Caesarean                         | <input type="checkbox"/> Hysteroscopy             | <input type="checkbox"/> Anaesthetics           |

☐ Endometrial Ablation please indicate method:

☐ Other: please indicate:

#### b. What **other procedures** are you capable of performing?

##### ASSISTED VAGINAL DELIVERY

- ☐ Standard forceps  
☐ Ventouse

##### ULTRASOUND SCANNING

- Pregnancy:
- ☐ 1st Trimester Scan  
☐ Nuchal Translucency  
☐ Fetal structural assessment  
☐ Monitoring growth  
☐ Placental position  
☐ Amniocentesis  
☐ Chorionic villus sampling

##### Gynaecology:

- ☐ Abdominal scan:  
☐ Pelvic organ assessment
- ☐ Trans vaginal scan:  
☐ Pelvic organ assessment  
☐ Follicle

### 3. MEDICAL REGISTRATION/MEDICAL BOARD

a. Have there been or are there currently any restrictions on or undertakings concerning your right to practice, in any field?

☐ No ☐ Yes If your answer is **YES**, please provide full details below (annex details if insufficient space).


b. Have you been or are you currently the subject of a disciplinary, practice or professional standards investigation, hearing or review involving a Medical Board?

☐ No ☐ Yes If your answer is **YES**, please provide full details below, including details of any threatened or proposed penalties or restrictions (annex details if insufficient space).


c. Are you aware of or have you been notified of any events or circumstances concerning your conduct which could reasonably be expected to be the subject of an investigation, hearing or review involving a Medical Board?

☐ No ☐ Yes If your answer is **YES**, please provide full details below (annex details if insufficient space).


d. Are you aware of a complaint being made or referred to the Medical Board within the previous 12 months, regarding your conduct?

☐ No ☐ Yes If your answer is **YES**, please provide full details below (annex details if insufficient space).
