



**All applications and evidence should be submitted via email to [BondedMedicalProgram@health.gov.au](mailto:BondedMedicalProgram@health.gov.au) prior to conclusion of your employment contract.**

Your details													
Surname: _____	Given name: _____												
Contact number: _____ Email address: _____	Current address: _____ _____												
Employment details													
Commencement date: ____ / ____ / ____	Facility name: _____												
Expected completion date: ____ / ____ / ____	Facility address: _____ _____												
Number of hours per week: _____	Town: _____ State: _____ Postcode: _____												
Phase of career	If training is <b>vocational</b> , are you:												
<input type="checkbox"/> Internship (2016-2019 participants only) <input type="checkbox"/> Pre-vocational (resident) <input type="checkbox"/> Basic physician trainee (years 1-3) at Royal Australian College of Physicians (RACP) <input type="checkbox"/> Vocational specialist (registrar – enrolled in an accredited training college) →	<input type="checkbox"/> General practitioner <input type="checkbox"/> RACP specialist (years 3-6) <input type="checkbox"/> Other specialist Name of specialty college: _____ Date commenced at college ____ / ____ / ____ Name of specialty: _____												
Evidence of employment	Checklist for evidence of employment												
Signed contract <input type="checkbox"/> OR Signed letter <input type="checkbox"/>	<table> <tr> <td>Location (inc. street name and suburb)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Position title</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Start and end dates</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Hours per week</td> <td>Yes</td> <td>No</td> </tr> </table>	Location (inc. street name and suburb)	Yes	No	Position title	Yes	No	Start and end dates	Yes	No	Hours per week	Yes	No
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Position title	Yes	No											
Start and end dates	Yes	No											
Hours per week	Yes	No											

**Please note:**

**Eligible training application forms will only be considered prior to placement completion. Applications received after a placement has ended will not be assessed, back dated or counted towards the reduction of your Return of Service Obligation (RoSO).**

**You must attach a copy of your proof of employment to support your application.** This will need to be in the form of a signed letter/contract on letterhead from your employer or a signed Letter of Offer confirming the placement start and end dates, number of working hours per week, physical work location(s) and position title.

At the conclusion of your placement, you are **required to provide evidence of completed work.** This needs to be in the form of a signed letter on letterhead from your employer or a statutory declaration confirming the placement start and end dates, number of working hours per week, physical work location(s) and position title.