

Bonded Medical Places Scheme Eligible Training Application Form

All applications and evidence should be submitted via email to BondedMedicalProgram@health.gov.au

Your details	
Surname:	Given name:
Contact number:	Current address:
Email 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 vocational , are you:
☐ Internship (2016-2019 participants only)	General practitioner
Pre-vocational (resident)	RACP specialist (years 3-6) Other specialist
Basic physician trainee (years 1-3) at Royal Australian College of Physicians (RACP)	Name of specialty college:
☐ Vocational specialist (registrar – enrolled in an accredited training college)	Date commenced at college///
Evidence of employment	Checklist for evidence of employment
Signed contract	Location (inc. street name and suburb) Yes No
OR	Position title Yes No
Signed letter	Start and end dates Yes No Hours per week Yes No

Please note:

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.

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Department of Health and Aged Care