Australian Government
Department of Health and Aged Care

Approved Medical Deputising Services (AMDS) program
Application form for a doctor placement

When to use this form

Use this form if you are applying for:

- an initial Approved Medical Deputising Service (AMDS) placement
- an initial Australian General Practice Training Program (AGPT) placement at an AMDS Service Provider
- a subsequent AMDS or AGPT placement at an AMDS Service Provider.

Filling in this form

You can fill this form digitally in some browsers, or you can open in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print and complete this form.

Applicants must:

- review the AMDS program guidelines prior to completing this form
- complete pages 2 and 3
- gather the supporting documents
- submit the application and supporting documents to the AMDS Service Provider.

AMDS Service Provider must:

- check the applicant's completed pages 2 and 3
- complete page 4
- submit the completed application form and all supporting documents to the Department of Health and Aged Care for assessment.

What supporting documents are required

The following supporting documents are required for **all** applications:

- current Level 1 or Level 2 Advanced Life Support (ALS) certificate of completion
- current curriculum vitae confirming a minimum of 2 years post-graduate experience in paediatrics, accident and emergency, and medicine and surgery.

If you are applying for a subsequent AMDS placement, you must supply evidence of your current membership with either the Australian College of Rural and Remote Medicine (ACRRM) or Royal Australian College of General Practitioners (RACGP). You must also provide evidence that demonstrates your participation on a training program which leads to specialist registration in general practice with the Australian Health Practitioner Regulation Agency (Ahpra).

Health Workforce Division GPO Box 9848 Canberra ACT 2601
Email AMDS@health.gov.au ABN 83 605 426 759

Evidence of participation can be in the form of:

- confirmation of approved training placement issued by the training body which contains practice location, placement period and type of training placement
- a confirmation letter from Services Australia advising they have registered your training placement at your primary place of training.

More information

More information, including the AMDS program guidelines, is available on the Department of Health and Aged Care website. Go to www.health.gov.au and search AMDS

Applicant details

1. Surname name(s)

2. First given name(s)

3. Second given name(s)

4. Date of birth

5. AHPRA registration number

6. Medicare provider number (if known)

7. Are you applying for an initial or subsequent placement?
   ☐ Initial
   ☐ Subsequent

8. Are you applying for this placement as an extension of an existing training placement which leads to specialist registration in general practice?
   ☐ Yes ▶ *Go to 9*
   ☐ No ▶ *Go to 10*

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9. Which training placement are you currently participating on?

Tick all that apply

☐ Australian College of Rural and Remote Medicine Australian General Practice Training Program (ACRRM AGPT)

☐ Australian College of Rural and Remote Medicine Fellowship Support Program (ACRRM FSP)

☐ Australian College of Rural and Remote Medicine Independent Pathway (ACRRM IP)

☐ Australian College of Rural and Remote Medicine Remote Vocational Training Scheme (ACRRM RVTS)

☐ Remote Vocational Training Scheme (RVTS)

☐ Royal Australian College of General Practitioners Australian General Practice Training Program (RACGP AGPT)

☐ Royal Australian College of General Practitioners Fellowship Support Program (RACGP FSP)

☐ Royal Australian College of General Practitioners Remote Vocational Training Scheme (RACGP RVTS)

10. Applicant declaration

You must acknowledge all tick boxes

I acknowledge that:

☐ I have completed pages 2 and 3 of this application form and the information supplied is correct

☐ I have supplied all required supporting documents as outlined on page one

☐ I am required to inform the Department of Health and Aged Care immediately if I withdraw or am removed from a general practice training program

☐ For the purposes of administering the AMDS program, my information will be disclosed to the Department of Health and Aged Care and Services Australia.

Full Name	
Signature	
Date of signature	

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AMDS Service Provider details

11. AMDS Service Provider name

12. Street address

13. Email

14. Contact person name

15. Contact person position

16. Does the applicant have Limited or Provisional AHPRA registration?
    - ☐ Yes ▶ *Go to 17*
    - ☐ No ▶ *Go to 18*

17. I acknowledge that AHPRA permits the applicant to provide:
    - ☐ In-clinic and home visit services
    - ☐ In-clinic services only

18. AMDS Service Provider declaration

You must acknowledge all tick boxes

I acknowledge:

- ☐ the applicant has been engaged or employed by our AMDS service
- ☐ the application is complete and correct
- ☐ I have attached all supporting documents as outlined on page one.

Full name	
Signature	
Date of signature	

Returning this form

Submit the completed application form and all supporting documents to AMDS@health.gov.au

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