



## Bonded Medical Places Scheme Tenure Application Form

Tenure is permission granted by the Department to remain within a District of Workforce Shortage in which You have undertaken Eligible Vocational Training to complete Your Return of Service Period. Tenure must be applied for and approved by the Department in accordance your Deed of Agreement/Variation prior to You obtaining Fellowship. Please note Tenure does not apply to subsequent periods of Vocational Training, it only applies after attainment of Fellowship.

| Your Details   |   |
|--|---|
| Title:   | Surname:  |
| Given Name:  |   |
| Contact number:  | Email address:  |
| Employment Details   |   |
| Commencement Date:   | Facility Name:  |
| Expected Completion Date:  | Facility Address:   |
| Over 20 hrs per week: Yes <input type="checkbox"/> No <input type="checkbox"/>   | Town:   |
| Number of hours per week:  | State:  |
|  | Postcode:   |
| <b>Vocational training, are you:</b><br><input type="checkbox"/> General Practitioner <input type="checkbox"/> Other Specialist<br>Specify Specialty and College:<br>Date Commenced: |   |
| Evidence of Employment<br>Signed Contract <input type="checkbox"/><br>OR<br>Signed Letter <input type="checkbox"/>   | <b>Checklist</b><br>Location (physical location) Yes <input type="checkbox"/> No <input type="checkbox"/><br>Position Title Yes <input type="checkbox"/> No <input type="checkbox"/><br>Start and end dates Yes <input type="checkbox"/> No <input type="checkbox"/><br>Hours per week Yes <input type="checkbox"/> No <input type="checkbox"/> |

**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 start and end dates, number of hours per week, location and position title.

Each location will be assessed as a new application.

Applications received after a placement has ended are unable to be assessed.

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Department of Health, Disability and Ageing for the purpose of administering the Bonded Medical Places (BMP) Scheme.