



All applications and evidence should be submitted via email to
BondedLegacySchemes@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:
<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"/>	Location (inc. street name and suburb) Yes No Position title Yes No 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.