



PRIVATE HOSPITAL STREAM (PHS) 2026 EXPRESSION OF INTEREST (EOI) INTERNSHIP FORM

ELIGIBILITY

Priority One Eligibility Criteria

The Priority One category will be allocated to final year medical students who meet all eligibility criteria for an internship under the PHS. Final year medical students must:

- be a full-fee paying international student completing their medical degree during the current calendar year from an onshore medical school in Australia, having completed all of their medical degree in Australia (short-term elective rotations completed offshore will not exclude applicants provided rotations have university approval); and
- have met the Medical Board of Australia (MBA) English language proficiency requirements for registration purposes (provisional registration as a medical practitioner cannot be obtained without meeting this standard); and
- not be an Australian Citizen; and
- commit to obtaining an appropriate visa to work in Australia during the internship year (refer to the Department of Home Affairs website for details at <https://www.homeaffairs.gov.au/>).

Priority Two Eligibility Criteria

Priority Two category applicants must meet all, of the following eligibility criteria to be considered:

- have MBA provisional registration as a medical practitioner; and
- have met the MBA English language proficiency requirements for registration purposes (provisional registration as a medical practitioner cannot be obtained without meeting this standard); and
- commit to obtaining an appropriate visa to work in Australia during the internship year (refer to the Department of Home Affairs website for details at <https://www.homeaffairs.gov.au/>).

INELIGIBILITY

Applicants are ineligible to apply for the PHS EOI if they:

- do not meet the Priority One or Priority Two eligibility criteria to apply for the PHS EOI process: and/or
- have accepted an internship position from a state or territory for 2026 training year.

IMPORTANT INFORMATION

Please ensure that your PHS EOI Internship form is complete and accurate and that you complete and date the Declaration section that attests that the information you have provided is correct. It is preferable for you to type your full name in the signature line within the Declaration section and submit the PHS 2026 EOI Internship Form via email to PHS2026@health.gov.au

By providing the data below, you are agreeing to your information being shared with State and Territory Governments, participating hospitals, Universities and other Commonwealth Government Departments

for the purposes of administering national internship offers, eligibility checks, allocations and conducting research.

Applicants applying under the PHS 2026 EOI Internships are not guaranteed an offer for an internship position. Final employment decisions are a matter for each participating private hospital.

Please note, the Department of Health will not accept PHS EOI Internship Forms if they are incomplete or received after 5pm (Australian Eastern Daylight Time) on Friday, 26 September 2025.

RECRUITMENT ACTIVITIES

The Department is not responsible for recruitment activities under the PHS. This process is undertaken by the PHS participating hospitals.

The Department will forward your application information to the PHS participating hospitals for recruitment and selection purposes as per the schedule in the *PHS 2026 internship key dates* section on the Department of Health's website at - [Private Hospital Stream | Australian Government Department of Health and Aged Care](#)

The PHS participating hospitals will assess the application to ensure eligibility and contact eligible and shortlisted applicants for the recruitment process.

Applicants **must not** make direct contact with the PHS participating hospitals prior to the commencement of the recruitment process.

CATEGORY PRIORITISATION

Participating PHS hospitals must prioritise eligible international full-fee paying medical graduates from onshore Australian medical schools, referred to as 'Priority One' category into PHS Postgraduate Year 1 funded places.

Should the PHS places not be filled with applicants from the Priority One category, PHS hospitals may recruit eligible applicants with *Provisional Registration*, referred to as Priority Two category from the eligible applicants list. This category will only be considered when the list of Priority One eligible applicants is exhausted and there are still some positions vacant.

SUPPORTING DOCUMENTATION

Applicant **must not** provide any supporting documentation with this PHS 2026 EOI Internship Form. Supporting documentation will be requested if applicants are to be shortlisted by the PHS participating hospitals for the recruitment process.

PERSONAL DETAILS	
Title	
Family name (as it appears on your current passport)	
Given name (as it appears on your current passport)	
Name you are known as/preferred name	
Gender	
Date of birth	
Nationality	
Email address/es	
Your current mailing address	
Mobile number	
Landline number	

RESIDENCY STATUS (PLEASE TICK ONE)			
Australian Medical Council Accredited Overseas University	<input type="checkbox"/>	Australian Medical Council Graduate	<input type="checkbox"/>
New Zealand Medical School Graduate	<input type="checkbox"/>	Temporary Resident Australian Trained	<input type="checkbox"/>

PRIORITY CATERGORY (PLEASE SELECT EITHER PRIORITY ONE OR PRIORITY TWO)			
NOTE, IF BOTH CATEGORIES HAVE BEEN SELECTED, THAN YOUR APPLICATION WILL NOT BE ACCEPTED			
Priority One: are you a full-fee paying international student from an onshore medical school in Australia?	Yes / No	Priority Two: are you a medical graduate eligible for provisional registration?	Yes / No

EDUCATION DETAILS
The name of the University you are currently attending or have previously attended
The name of the University from which you will obtain your medical degree (Note, you will need to provide evidence of this to the hospital if you are contacted for recruitment purposes)
The year of your Graduation
The State or Territory your Medical School is located in

EDUCATION DETAILS
The date/year you commenced your medical degree in Australia
The date/year you will complete (or have completed) your medical degree in Australia
Your medical degree - Title of Qualification
Your Intern Placement Number (as provided to you by your medical school)
Have you met the Medical Board of Australia (MBA) English language proficiency requirements for registration? (Note, you will need to provide evidence of this to the hospital if you are contacted for recruitment purposes)
Yes/No

REFeree DETAILS (OPTIONAL)
This field has been left blank for referee details.
This field has been left blank for referee details.

INTERNSHIP DETAILS	
Preferred state for internship Please enter the top three from the following list: <ul style="list-style-type: none"> Queensland New South Wales Victoria Western Australia 	Preferred PHS hospital for internship Please enter the top three from the following list: <ul style="list-style-type: none"> Mater Misericordiae Limited through Mercy Health and Aged Care Central Queensland and Mater Health Services North Queensland Greenslopes Private Hospital, Queensland Calvary Health Care Riverina Limited, New South Wales Mater Hospital Sydney, New South Wales MQ Health, New South Wales St Vincent's Private Hospital Sydney, New South Wales St John of God Ballarat Hospital, Victoria Joondalup Health Campus, Western Australia
1.	1.
2.	2.
3.	3.
Your preferred region in Australia for the internship:	

TOPIC/S OF INTEREST FOR INTERNSHIP (100 WORD LIMIT)
This field has been left blank for topic/s of interest for internship.

Declaration

You must read the following statements and sign the declaration below to indicate acceptance and confirm that you meet the eligibility requirements listed in this Private Hospital Stream Expression of Interest Internship Form.

I, Signature field (insert your full name)

1. Attest that I am eligible for the Private Hospital Stream for 2026 as specified in this Private Hospital Stream Expression of Interest Internship Form.
2. Consent to the Department of Health collecting sensitive personal information (for example, your nationality) for the purposes indicated above.

I declare that to the best of my knowledge the information I have given on this form is correct. I understand that giving false or misleading information is a serious offence.

Your signature*: Type your full name if submitting electronically.

Date: Click or tap to enter a date.

IMPORTANT INFORMATION - Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Government Department of Health (the Department) for the purposes of determining eligibility for and administering the 2026 Private Hospital Stream. If you do not provide this information, you may be ineligible to receive a 2026 Private Hospital Stream internship place.

The Department may disclose all applicant information on this form to state and territory health departments, participating hospitals, universities, medical regulatory authorities and the Commonwealth Department of Home Affairs.

You can get more information about the way in which the Department will manage your personal information, including the [Department of Health's Privacy Policy](#). You can obtain a copy of the Privacy Policy by contacting the Department by telephone on (02) 6289 1555, free call on 1800 020 103 or by using the online enquiries form at www.health.gov.au. The Privacy Policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles, which regulate the handling of personal information by Australian government agencies.