

# 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 with clause 3.11 of 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:\_\_\_\_\_\_\_\_  Given Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Surname:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employment Details | |
| Commencement Date:  \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | Facility Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expected Completion Date:  \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |
| Over 20 hrs per week: Yes  No  Number of hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vocational training, are you:  General Practitioner  Other Specialist  Specify Specialty and College:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Commenced: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |
| Evidence of Employment **Checklist**  Signed Contract  Location (physical location) 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 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 and Aged Care for the purpose of administering the Bonded Medical Places (BMP) Scheme.