

DOCTOR REGISTRATION FORM

PERSONAL DETAILS

First Name	
Last Name	
Address	
Suburb	
Postcode	
Country	
Date of Birth	
Country of Birth	
Gender	
Home phone	
Mobile	
Email	

QUALIFICATIONS

Primary Qualification	
Country Attained From	
Year of Primary Qualification	
Postgraduate Qualification	

OVERSEAS TRAINED DOCTORS

Have you completed any of the following:

- AMC Multiple Choice
 AMC Clinical
 PESCI
 English Language Proficiency Year Gained _____

Are you or have you worked in Australia in recent years?

- Hospital GP Clinic

Location	
How Long?	
Do you require Employer Sponsorship?	

RESIDENCY

- Temporary Resident Permanent Resident
 Visa Status _____

LOCATIONS OF INTEREST

- Anywhere Country
 Victoria Major City
 Queensland Coastal
 New South Wales Major Regional City

Are you happy to relocate?	
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AVAILABILITY

Available From		to	
Do you have a car?			
Do you plan on travelling from your current location?			
Is your family with you?			
Have you worked in aged care?			
Do you have an interest in aged care?			