THE SYDNEY PRIVATE HOSPITAL
MACQUARIE HEALTH CORPORATION

63 Victoria Street ASHFIELD NSW 2131
Tel (02) 9797 0555 Fax (02) 9798 8561

APPLICATION FOR LISTING AS A VISITING MEDICAL OFFICER

To: The Hospital Director

I, ...
CHRISTIAN NAME (IN FULL) SURNAME

wish to apply for listing as a visiting practitioner at The Sydney Private Hospital. If appointed, I agree to abide by the By-Laws, regulations, directions and policy as determined from time to time by the Hospital Board and the Medical Advisory Committee.

PERSONAL DETAILS

Residential Address:

.....

Phone Numbers:

Home: ..... *Mobile*: ..... *Office:* .....

Email Address:

.....

Date of Birth: ____ / ____ / _____

PROFESSIONAL DETAILS:

Degree ☐ Diploma ☐ Issuing Body ..... Year:

Initial Qualifications: .....

.....

Date of Registration in NSW: ..... Medical Registration No:

.....

Current Indemnity Insurance Company:

.....

Please attach copy of most recent Registration Certificate and Indemnity Insurance Certificate

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Registered Specialty:

.....

Current Position/Title:

.....

Years of Experience:

.....

Curren Place of Practice (If applicable):

.....

Medical Qualifications (List all):

.....

.....

.....

PRESENT HOSPITAL APPOINTMENTS *(at date of application)*

Public:

.....

.....

Other Hospitals to which you admit patients:

.....

.....

HOSPITAL PRIVILEGES SOUGHT:

MEDICAL ☐ REHAB ☐ SURGICAL ☐ - THEATRE PRIVILEGES: Major ☐
Minor ☐
Anaesthesia ☐

AVAILABILITY

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Days Available (Check all that apply):

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

Preferred Time Slots:

.....

VOLUME & FREQUENCY OF WORK *(please detail anticipated requirements during first 6 months)*

Admission Frequency:

.....

Bed Utilisation:

.....

Theatre Utilisation - Major:

- Minor:

Reviews will be done regularly to assess volume and frequency of work. The purpose of this review is to maintain optimal utilization of hospital beds and theatres. You are required to inform the hospital of a replacement Practitioner (who already has visiting privileges) to attend patients in your absence.

WORKING WITH CHILDREN

A Working with Children Check is a prerequisite for anyone in child-related work. It involves a national criminal history check and review of reported workplace misconduct. The result of a Working with Children Check is either a clearance to work with children for five years, or a bar against working with children. Cleared applicants are subject to ongoing monitoring, and any relevant new records which appear against a cleared applicant's name may lead to clearance being revoked. If you have a valid Working with Children Check clearance number, please provide it below:

Clearance Number: ..... **Expiry Date**: .....

If you do not have a valid Working with Children Check clearance number, please apply for one using the below website. You will be required to supply your Working with Children Check Clearance number, prior to obtaining listing as a Visiting Practitioner.
https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check

DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false statement may result in the rejection of this application or termination of engagement.

SIGNATURE: ..... **DATE:** ____ / ____ / ____

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REFEREES: *(Nominate 2)*

Referee 1:

.....

Referee 2:

.....

SIGNATURE: ..... **DATE:** ____ / ____ / ____

OFFICE USE ONLY

1. HOSPITAL DIRECTOR/ DIRECTOR OF NURSING

All Credentials Verified: Yes ☐ No ☐

Comments *(if any)*:

.....

Approved ☐ Not Approved ☐

Signature: ..... Date: ____ / ____ / ____

2. CHAIRMAN MEDICAL ADVISORY COMMITTEE

Comments *(if any)*:

.....

Approved ☐ Not Approved ☐

Signature: ..... Date: ____ / ____ / ____

3. PHYSICIAN MEDICAL ADVISORY COMMITTEE

Comments *(if any)*:

.....

Approved ☐ Not Approved ☐

Signature: ..... Date: ____ / ____ / ____

4. HOSPITAL DIRECTOR - CONFIRMATION/ NON-CONFIRMATION TO APPLICANT IN WRITING

Emailed/Actioned By: .....

Signed: ..... Date: ____ / ____ / ____