



Government  
of South Australia

SA Health

# AREA OF NEED (AoN) NEW APPLICATION FORM

## SECTION 1 – REQUESTING ORGANISATION CONTACT DETAILS *(example: practice, health service, recruitment agency)*

<b>Name</b>	
<b>Role</b>	
<b>Organisation</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

## SECTION 2 – EMPLOYING BODY *(if different from requesting body)*

<b>Name</b>	
<b>Address</b>	

## SECTION 3 – DOCTOR DETAILS

<b>Full Name</b> <i>(Name in full as it appears on the Australian Health Practitioner Regulation Agency (Ahpra) registration)</i>	
<b>Current Visa Status</b> <i>(example; 482, 186, 187, permanent resident)</i>	
<b>Doctors Australian Health Practitioner Regulation Agency (Ahpra) number and expiry date</b> <i>(if applicable)</i>	
<b>Phone</b>	
<b>Intended start date</b>	
<b>Country of Origin</b>	

SECTION 4 – POSITION DETAILS	
If existing, has this position previously been granted Area of Need status?	<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>
If yes, what was the name of the doctor who previously filled the position?	
Position Type	<input type="checkbox"/> General Practitioner <span style="margin-left: 100px;"><input type="checkbox"/> Hospital Medical Officer</span> <input type="checkbox"/> Specialist
Position Title	
Principal location of the position <i>(example: practice, hospital, health service)</i>	
Additional sites of the position <i>(other hospitals, practices or health services this doctor might work at)</i>	<p>It is important that this information is in full and correct as this will be included in the AoN support letter.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (provide full details below)
	<p><b>Site Name:</b> _____</p> <p><b>Site full street/suburb address:</b></p> <p>_____</p> <p>_____</p> <p><b>Site Name:</b> _____</p> <p><b>Site full street/suburb address:</b></p> <p>_____</p> <p>_____</p>
Duration of appointment	
Intentions for retention of the medical practitioner	
Remuneration and other benefits	
<p><b>Is the position being applied for in a location listed as a Distribution Priority Area (DPA) or District of Workforce Shortage (DWS) as determined by the Commonwealth Department of Health?</b></p> <p>In South Australia DPA and DWS is not a determining factor for AoN approval however must still be addressed in the AoN application</p>	

(to check and print map please visit

<http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>)

**Yes** – evidence for each location is attached:

**No**

Are you eligible for a DWS exemption?

You will need to make direct contact with The Department of Health at [19AB@health.gov.au](mailto:19AB@health.gov.au) to find out if you are eligible for a DWS exemption

### SECTION 5 – CRITERIA AND DOCUMENTATION REQUIREMENTS

Ensure the following sections are completed and supporting documentation is provided along with the application as outlined in the AoN Policy Guideline 3.2.

Sections that are not completed will be returned for attention and will delay the application process.

### SECTION 5.1 – LABOUR MARKET TESTING/ADVERTISING

**Please attach evidence as outlined in the AoN Policy Guideline 3.2.**

*(all advertising, position description, skills, duties, remuneration and other benefits)*

- The position must have been advertised for a minimum **of three (3) months**

**Yes**

**No**

- At least one attempt being made within the **last four (4) weeks**

**Yes**

**No**

**National and State advertising** is required, and where appropriate, advertising through specific Royal College and global media/sites.

Advertising has been conducted and copies have been attached:

- in South Australia
- nationally
- Medical College publication or website

**Yes**

**No**

**Yes**

**No**

**Yes**

**No**

**Name of Publication/Website:**

*(Attach evidence of advertisements)*

**Dates Advertised:**

1.

1.

2.

2.

3.

3.

**Number of expressions of interest** *(including Australian graduates and International Medical Graduates)*

**Number of applicants who applied for the position**

**Number of applicants interviewed**

**Applicants who were interviewed, but unsuccessful, deemed unsuitable due to the following reasons:** *(do not identify applicants by name)*

Did an Australian or New Zealand trained medical practitioner(s) apply for the position?	<input type="checkbox"/> Yes – How many?
Was the Australian or New Zealand trained medical practitioner offered employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)
If the answer is NO please provide a detailed explanation for why they were not appointed	
<p><b>Section 5.2 – Evidence of Need</b> Please address the following criteria as outlined in the AoN Policy Guideline 3.2, 3.2.2.</p> <p>Attach relevant documentation if the space on this form is insufficient.</p>	
<input type="checkbox"/> Reason for vacancy?	
<input type="checkbox"/> Details of health service/practice that is, size, type, hours	
<input type="checkbox"/> Do patients have access to other health services?	
<input type="checkbox"/> Effect on service delivery if the position is left unfilled	
<input type="checkbox"/> Effect on public health services if the position is not filled	
<p><b>SECTION 5.3 – POSITION DETAILS AND DESCRIPTION</b></p> <p>Refer to the AoN Policy Guideline 3.2.3.</p>	
<input type="checkbox"/> Include remuneration Remuneration must be in dollar value not percentage based. (Example: \$150,000 or \$150,000 - \$250,000).	
<input type="checkbox"/> A current position description must be valid in the last 12 months.	
<input type="checkbox"/> Working hours, role description	
<p><b>SECTION 5.4 - HEALTH SERVICE SUPPORT</b></p> <p>A letter of support is required from the CEO/Health Service/employing body if the medical practitioner position is either:</p> <p style="padding-left: 40px;">a) a procedural GP or: b) a medical specialist.</p>	
If applicable, is a letter of support attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not applicable?	<input type="checkbox"/> N/A

<b>SECTION 6 - SUPPORTING DOCUMENTATION CHECKLIST</b>	
Ensure that you have attached or provided the criteria information to support the application.	
	<b>Attached?</b>
<b>Attach advertising attempts (that is copies of advertising) including remuneration</b>	<input type="checkbox"/> Yes
<b>Provide a copy of the Position Description, including remuneration</b>	<input type="checkbox"/> Yes
<b>Provide evidence of need as per criteria one</b>	<input type="checkbox"/> Yes
<b>Provide evidence of being in a Distribution Priority Area (General Practitioner) or District Workforce Shortage (Specialist) area</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>Attach a letter of support for a procedural GP or specialist position.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>Provide any other information relevant to recruiting a medical practitioner to this position (for example, history of recruitment, specific difficulties with the site et al.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>SECTION 7 - SIGN THIS APPLICATION FORM</b>	
<b>Name of person submitting the application</b>	
<b>Position/Authority</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Email the completed application to <a href="mailto:Health.AreaofNeed@health.sa.gov.au">Health.AreaofNeed@health.sa.gov.au</a></b>	
<b>Phone (08) 8226 7231 for any questions about Area of Need applications or email <a href="mailto:Health.AreaofNeed@sa.gov.au">Health.AreaofNeed@sa.gov.au</a>.</b>	
<b>SA Health will undertake the assessment within 10 days maximum on receiving a complete application. An incomplete application will delay the assessment process.</b>	