



AREA OF NEED (AoN)

REQUEST FOR MODIFICATION/LOCATION

SECTION 1 – REQUESTING ORGANISATION CONTACT DETAILS

(example: practice, health service, recruitment agency)

Name	
Role	
Organisation	
Address	
Phone	
Email	

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

Name	
Address	
Phone	
Email	

SECTION 3 – DOCTOR DETAILS

Full Name <i>(Name in full as it appears on the Australian Health Practitioner Regulation Agency (Ahpra) registration)</i>	
Doctors Australian Health Practitioner Regulation Agency (Ahpra) number and expiry date <i>(if applicable)</i>	
Additional location(s) Confirm original locations. This is, are any previous locations not applicable or have new locations been included? Identify the primary location.	<p>It is important that this information is in full and correct as this will be included in the AoN support letter.</p> <p>Site Name: _____</p> <p>Site full street/suburb address: _____</p> <p>_____</p> <p>Site Name: _____</p> <p>Site full street/suburb address: _____</p> <p>_____</p>

SECTION 4 - SUPPORTING DOCUMENTATION CHECKLIST

Ensure that you have attached or provided the criteria information to support the application.

<ul style="list-style-type: none"> Attach the original approved Area of Need letter 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Government
of South Australia
SA Health

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SECTION 5 - SIGN THIS APPLICATION FORM

Name of person submitting the application

Position/Authority

Signature

Date

Email the completed application to Health.AreaofNeed@health.sa.gov.au

Phone (08) 8226 7231 for any questions about Area of Need applications or email
Health.AreaofNeed@sa.gov.au

SA Health will undertake the assessment within 10 days maximum on receiving a complete application. An incomplete application will delay the assessment process.