



Bonded Medical Places Scheme Return of Service Application Form Part A

This form must be returned to the Department before a participant starts at an eligible location. Once you have obtained approval from the Department, your work will become eligible for reducing your Return of Service obligation. Evidence of successful completion of this placement is required within 30 days of the completion date (see Part B) for the work to be counted towards your Return of Service obligation.

Your Details						
Title:	Given Name:	Surname:				
Contact number:		Email address:				
Employment details for Return of Service						
Expected Commencement Date: /...../..... You must have submitted this application <u>prior</u> to the commencement date. Noted <input type="checkbox"/>	Expected Completion Date: /...../..... You must provide proof of your placement within 30 days of the completion date. Noted <input type="checkbox"/>	Expected number of weeks at placement: 				
Name of Facility: Address of Facility: Postcode - <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>						
The nature of your employment during your Return of Service						
Pre-vocational <input type="checkbox"/> PGY What will be your job title at work? (eg Resident Medical Officer, Junior Medical Officer, etc) 	Vocational <input type="checkbox"/> Which specialty (incl General Practice): Which College? 					
Important information - Privacy						
Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Department of Health for the purpose of administering the Bonded Medical Places (BMP) Scheme. For more information about how the Department will deal with your personal information, visit: www.health.gov.au/bmpscheme						
Signature						
The information in this application is true and correct to the best of my knowledge. I authorise the Commonwealth Government to investigate any information in this application and any attachments submitted with it. I understand that any misrepresentation or falsification of information on this application may result in my employment not fulfilling my return of service obligation under the Bonded Medical Places Scheme; and						
Signature:		Date/...../.....				