



## Bonded Medical Places Scheme Return of Service Application Form Part B

This completed form should be returned to the Department within 30 days of your completion date. Once you submit this form, along with the evidence of your successful completion, your placement will be counted towards your return of service obligation.

<b>Your Details</b>		
Title:	Given Name:	Surname:
Contact number:		Email address:
<b>Evidence of successful completion</b>		
<p>Every applicant must attach evidence of successful completion to support the application or the application will not be processed. This can be a letter or signed statement from your employer, confirming the location, your position, start and end dates and number of work hours per week.</p> <p>Below is a sample letter to assist in drafting this.</p> <p><b>Have you attached evidence of successful completion?</b> <input type="checkbox"/></p>		
<b>Sample letter</b>		
<p>Bonded Medical Places Scheme Department of Health MDP 149 GPO BOX 9848 CANBERRA ACT 2601</p> <p>Dear BMP Scheme,</p> <p>I wish to confirm that Dr <i>&lt;insert name of BMP Scheme participant&gt;</i> has been employed as a <i>&lt;insert job title&gt;</i> at <i>&lt;insert name of organisation&gt;</i> of <i>&lt;insert address of location&gt;</i> from the <i>&lt;insert date of commencement&gt;</i> to the <i>&lt;date of completion&gt;</i> at a full-time capacity of <i>&lt;insert number&gt;</i> hours per week.</p> <p>If you require any further evidence, I can be contacted at <i>&lt;insert contact details of employer&gt;</i>.</p> <p>Yours sincerely</p>		
<b>Important information - Privacy</b>		
<p>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: <a href="http://www.health.gov.au/bmpscheme">www.health.gov.au/bmpscheme</a></p>		
<b>Signature</b>		
<p>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.</p> <p><b>Signature:</b>..... <b>Date</b> ...../...../.....</p>		