



PRACTICE VACANCY FORM

Please complete the following vacancy form (including signing the consent form below) as fully as possible. Once it is completed, fax it attention to:

**Workforce Program Officer
Eastern Ranges GP Association
Fax: 03 9879 5407**

The Practice

Practice Name: _____

Address: _____

Practice Principal/s: _____

Practice Manager: _____

Contact for position: _____

Contact number: _____

Clinic website: _____

Email Address: _____

Accredited Practice: Yes No

Teaching Practice: Yes No

Do you have a District of Workforce Shortage: Yes No

Detailed description of the practice: _____

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The Role

Position (eg. GP, Div 1 Nurse, Admin): _____

Reason for vacancy (eg. Expansion of practice, retirement): _____

Job Type (eg. Full time/Part time, partnership): _____

Detailed description of position (What are you looking for in this position?):

Procedural requirements for the position: Yes No

If yes, give details: _____

Job Category (Tick all applicable)

Clinical	<input type="checkbox"/>	Admin	<input type="checkbox"/>
Project	<input type="checkbox"/>	Management	<input type="checkbox"/>
Other:	_____		

Benefits of this position: _____

Available support staff (eg. Nurse, Physio, Admin): _____

**Please EMAIL any supporting documentation such as a position description to:
Kathryn.tepper@ergpa.com.au**



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VACANCY CONSENT FORM

I (*practice principal/manager name – please print*)

_____ on behalf of (*name of practice*)

consent to the Eastern Ranges GP Association (ERGPA) listing vacancy information provided by me. This is in relation to employment of a suitable applicant to fill this vacancy.

I consent to being contacted directly in relation to this vacancy by ERGPA, seeking any additional information that is required. I also give my permission for ERGPA to publicise/advertise relevant details in relevant print and/or electronic publications in order to facilitate employment.

I give ERGPA permission to retain this information and use it in de-identified reports and research.

Signed: _____

Date: _____