

PRACTICE VACANCY FORM

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

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

Practice Name

Location

Address

Practice Principal(s)

Practice Manager

Contact Phone Number

Fax Number

Email Address

Primary Contact Name

Contact Details

(if different to above)

Reason for Vacancy

(e.g. Dr Smith left, expansion, etc)

Accredited Practice	Yes	No
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Teaching Practice	Yes	No
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Available Support Staff

- Nurses
- Allied Health
- Admin Staff

Position

- Assistant/Partnership
- Full time/Part time

Procedural Requirements	Yes	No
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- give details

Inclusions e.g.

- Accommodation
 - Car
 - Grants
 - Incentives
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**Additional information you
would like included**



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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) &/or the Rural Workforce Agency, Victoria (RWAV) listing vacancy information provided by me to either party. This is in relation to employment of a suitable general practitioner to fill this vacancy.

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

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

Signed: _____

Date: _____