

APPENDIX 1 Application Form for Medical Locum Agency

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Application Form for Medical Locum Agency

Name of Locum Agency Applying		
Application Date		
Type of Legal Entity		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Incorporated association	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Government entity	<input type="checkbox"/> Publicly listed company	

Registered Business Details - Please attach a copy of the certificate of registration of business name					
Registered Business Name					
ACN					
ABN					
Address of applying Locum Agency					
Street Address					
Postal Address					
Suburb			State	P/Code	
Phone	Mobile		Fax		
Email		Website			

Do you operate from other offices? If so, please provide list of offices

Contact Details - Executive Director					
Title	Surname	Given Name			
Phone	Mobile	Fax			
Email					

Contact Details – Day to Day Contact Person					
Is this person an employee of the applicant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title	Surname	Given Name			
Phone	Mobile	Fax			
Email					

Type of Recruitment Agent	
<input type="checkbox"/> Medical Locum Only	<input type="checkbox"/> Health Districts
<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)

Submit this completed form to locuminfo@doh.health.nsw.gov.au