

General Practice Network NT (GPNNT)

Locum Request Form



Name of Practice _____
Postal Address _____
Street Address _____
Phone No _____ Fax No _____
Email address _____ RA _____
Contact Person _____

Number of Doctor practicing in the Clinic _____
Part time GPs _____
Full time GPs _____

Name of Doctor requiring locum assistance _____

Doctor's leave Type: Recreation Sick Emergency Maternity/Paternity CME Study Leave

Dates for which the locum assistance is required

Start Date _____

End Date _____

Is there any on-call requirement for the Locum? YES or NO

If so what are the on-call arrangements _____

What type of accommodation would be provided for the locum? _____

Is there a vehicle available for the locum? YES or NO

If yes, what type? _____

Is this vehicle available for use outside work hours? YES or NO

Signed _____ Date _____
(this form must be signed and dated by the doctor/Health Service requesting)

Information contained in this form will be shared with Rural Health Workforce Australia for administration and reporting purposes. You may be contacted by RHWA as part of the program evaluation.

Please return completed form to Tracey Merton, Locum Coordinator via locum@gpnnt.org.au or fax (08) 8981 5899

