

Consent and Disclosure Form

I acknowledge the following:

I am not aware of any investigation into my AHPRA Registration.

I have not had my registration canceled and am not subject to any restrictions.

I have not been investigated or suspended from duty by any medical board or council.

I do not have any health problems that will affect my ability to carry out work.

I have full working rights in Australia and I can provide evidence of citizenship or visa.

I am not aware of any outstanding medical negligence claims against me.

I will disclose all current employment commitments to Locum Life in my CV and inform a representative in writing if there are any changes.

I must inform Locum Life if I am suspended or terminated from my usual duties in any other medical facility I am employed.

I will notify my employer of my intention to register with a Medical Locum Agency.

I will consider potential conflicts of interest and work health and safety risks, or risks to the quality of patient care.

I have not been working or am working as a lobbyist.

If I am working through a PTY LTD COMPANY, I have provided:

Professional Indemnity

Public Liability

WorkCover insurance

I agree to indemnify Locum Life Pty Ltd against any claim made against them relating to medical negligence, dishonesty or otherwise which may arise in connection with any engagement or employment I may accept which is arranged by Locum Life.

I will work to the best of my ability, with due diligence, punctuality, honesty, courtesy and care.

I undertake to dress and behave appropriately.

I undertake to not attend work impaired by the effects of alcohol and drugs.

I undertake to notify Locum Life as soon as possible if an adverse event or situation occurs which could result in any disciplinary or legal action or compromise the status of my medical registration.

I undertake to notify Locum Life as soon as possible about my inability to work a confirmed shift.

I have no objection to Locum Life obtaining regular performance appraisal feedback reports from the employing organisation for quality purposes.

I understand my engagement or employment could be terminated if my work or attitude is deemed to be unsatisfactory by the employer or if my medical registration is altered or compromised in any way.

I agree to notify Locum Life if I am charged or convicted of any offences.

I consent to Locum Life providing copies of my NCRC and WWCC ID number to prospective employers for the purposes of obtaining work.

I consent to Locum Life undertaking reference checks with my referees as nominated.

I have received a copy of the Locum Life Privacy Policy, Fair Work Information Statement and Information Statement for Queensland Workers.

For NSW Health Placements, I agree to & I am aware that:

I will need to complete the online mandatory training for Locum Medical Officers in the HETI Moodle or My Health Learning, and provide to Locum Life a certificate of Completion.

My role may involve the requirement to supervise Junior Medical Officers.

If I am a current NSW Health employee, that I must provide documentary evidence of approval to undertake secondary employment.

If I am a current or former NSW Health employee, that as part of the pre-placement checks, a NSW Health internal service check will be conducted.

I am able to perform an assignment in accordance with accepted medical practice and the direction of a NSW Public Health Organisation Department Head/supervisor.

Agreement

I hereby certify that the information supplied above is true and correct. I consent to Locum Life making any reasonable inquiries to verify my credentials and good clinical standing in order to ensure that I am suitable for any position that I am offered. This includes making contact with

referees that Locum Life deems appropriate and checks with any medical boards and licensing bodies with whom I have been registered in the past.

I consent for Locum Life to pass on the results of any Criminal Record Checks and/or Working with Children Checks to employers which I may be required to undertake as part of the employment process and understand that this is for credentialing purposes.

I agree to immediately inform Locum Life of any changes of my circumstances that may affect my ability to practice as a doctor. I give Locum Life unconditional and irrevocable consent to disclose this form (whether in whole or in part) to third parties including potential employers, contractors and/or regulatory bodies.