

APPLICATION FOR LONG TERM LOCUM SUPPORT OR PERMANENT GP OR NP RECRUITMENT

Practice Name:.....

Contact Name:

Contact Phone Number:

Email Address:

Name of GP leaving/being covered:.....

FTE:.....

MCNZ #:..... On-Call Ratio:

Today's date:.....

Reason for leaving/request:

.....

Job Brief	
Type of position required (e.g. Fixed-term or Permanent)	
If fixed term, dates for fixed -term position:	Start date:_____ End date:_____
If permanent, what is the preferred start date?	Start date:_____
No of hours/sessions required:	
On-call requirements:	
Remuneration:	
Relocation assistance (e.g. travel costs, removals etc):	
Will the GP/NP be engaged as an employee or contractor?	
Accommodation assistance (provided, subsidised etc):	

Vehicle assistance (provided, subsidies etc):	
Other assistance (e.g. MCNZ registration, medical indemnity insurance):	
Describe the desired personality of your new doctor: (Think of a doctor who is working out well in the practice and describe their qualities or think about what qualities would be great to have in the practice and list those)	
What makes your practice an ideal place to work?	
Have you listed this position with any other agency? (Please state which ones)	
Who will provide supervision?	Supervisor 1: Supervisor 2:
Any other relevant information:	

Please return this form to:
enquiries@nzlocums.com or fax to 04472 0904

Placement Terms and Conditions

To be eligible for government funded recruitment series through NZLocums, a practice must meet the criteria for rural as defined in the PHO Services Agreement v2. If you are unsure as to your rural status please check with your PHO.

Accuracy of Information from GP/practice

The GP/practice agrees to provide accurate and correct information to NZLocums in relation to all aspects of a GP or NP placement.

Placement Arrangements

If the GP/NP is employed or contracted directly by the practice, the exact nature of the placement arrangements will be confirmed in writing by the practice. If the GP/NP is contracted directly to NZLocums our standard Locum Placement Terms and Conditions apply (please contact NZLocums or see our website for a copy).

Information & Privacy

Information about the GP/practice is collected for the purposes of enabling NZLocums to provide services to eligible practitioners.

Liability

The GP/practice agrees that NZLocums will not be responsible or liable to the GP/practice for any losses, costs, expenses or damages however occasioned (direct, indirect or consequential) arising out of or in connection with the placement of a locum by NZLocums, including, but not limited to, any acts or omissions of the locum.

Subject to Change

NZLocums reserve the right to alter the terms and conditions from time to time.

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In submitting this form we agree to abide by the terms and conditions above.

Name: _____

Signed: _____ **Date:** _____