

# APPLICATION FOR A LONG TERM OR PERMANENT GP

Practice Name:.....

Contact Name: .....

Contact Phone Number:.....

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

Reason for leaving/request: .....

Job Brief	
Type of position required (e.g. Fixed-term or Permanent)	
If permanent, what is the minimum commitment you will consider?	
Preferred start date?	
End date (if fixed term)	
Will this position be salaried or contractor?	
No of hours/sessions required:	
Are there any on-call or late night requirements?	
Remuneration:	
Any benefits offered (relocation assistance, accommodation, vehicle)	
<b>Practice information (only required if you have not completed previously or there have been any changes at your practice)</b>	
Which PHO do you belong to?	
Who owns the practice?	

Please give a brief description of the clinic/premises (including number of consulting rooms, nurses rooms etc)	
What services are offered at the practice?	
What PMS is used?	
How many registered patients does the practice have?	
Please describe the patient demographic.	
What are your office hours?	
What is your appointment schedule (e.g. 15 minute appointments)? (paperwork time?)	
How many other GPs work there? (please comment on their experience, and how long they have been at your practice)	
How many nurses and support staff work there?	
Please describe the 'culture' of your practice.	
What makes your practice an ideal place to work?	
Do you require the GP to have any special skills?	

<p>Many GPs recruited by NZLocums were trained overseas and require supervision from a New Zealand GP.</p> <p>Does the practice have a NZ Vocationally Registered GP who can provide supervision?</p>	<p>Supervisor 1:</p>	<p>Supervisor 2:</p>
<p>Any other relevant information: (Do you have a practice profile/photographs, or any information about the town/community that you could send us?)</p>		

Or email to [enquiries@nzlocums.com](mailto:enquiries@nzlocums.com)