

APPLICATION FOR A LONG TERM OR PERMANENT CANDIDATE

Practice Name:.....

Contact Name:

Contact Phone Number:.....

Name of Candidate 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 required:	
Remuneration:	
Any benefits offered (relocation assistance, accommodation, vehicle)	
Practice information (only required if you have not completed previously or there have been any changes at your practice)	
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?	
How many other staff work there?	
Please describe the 'culture' of your practice.	
What makes your practice an ideal place to work?	
What particular skills are you looking for?	
Any other relevant information: (Do you have a practice profile/photographs, or any information about the town/community that you could send us?)	

Or email to enquiries@nzlocums.com