

**RURAL SHORT TERM  
LOCUM SUPPORT VACANCY APPLICATION**

Name of GP being covered: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

On Call Ratio: \_\_\_\_\_

Dates applied for are as follows. While we can't guarantee to be able to provide a locum for your first choice of dates, we will do our utmost to secure a break for you during one of the three listed date ranges.

1<sup>st</sup> preference date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (inclusive)

or

2<sup>nd</sup> preference date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (inclusive)

or

3<sup>rd</sup> preference date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (inclusive)

Please indicate below the actual sessions requiring cover (including after hours).

**Week 1:**

X denotes standard General Practice Sessions and On-Call

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
AM							
PM							
On-call							

**Week 2:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
AM							
PM							
On-call							

Applications for locums are prioritised on date received at the Network. An application does not guarantee a placement. If you have any questions, telephone us on free call 0800 695 628.

Non-Sessional Cover required? Yes/No

Do you hold a MOSS Contract? Yes/No

Do you or your Practice hold a PRIME Contract? Yes/No

Is the locum required to attend PRIME call-outs? Yes/No

Is hospital work undertaken during regular sessional hours, or in addition to the above sessions? Yes/No

Do you or your Practice hold an ACC Rural Contract? Yes/No

Do you or your Practice hold any other type of contract? Yes/No

If so, what type? \_\_\_\_\_

Which patient management system does your practice use? \_\_\_\_\_

**Please fax/email your completed form and signed copy of Terms and Conditions to:**

Fax: 04 472 0904  
Email: [enquiries@nzlocums.com](mailto:enquiries@nzlocums.com)

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## Locum Placement Terms and Conditions

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NZLocums & NZMedJobs is a division of the New Zealand Rural General Practice Network. We administer the Government funded Rural Locum Support Service contract through which rural GPs are entitled to apply for **two weeks** locum cover per year per FTE ("the Locum Support Service").

Whilst every endeavour will be made to meet your application, demand and supply of locums fluctuate during the year and we are not able to guarantee that we will be able to fill your request.

We suggest you ideally give us at least three months notice and consider some optional dates for your break if possible.

Terms and Conditions under which the Locum Support Service is provided are as follows:

### Definitions

**GP/practice includes** PHOs, DHBs, Trusts and/or providers offering medical services who are rurally ranked as per your Rural Service Level Alliance Team.

### Acceptance

Submitting the Application for Locum Cover to NZLocums & NZMedJobs is deemed to be acceptance of the terms and conditions as outlined below and agreement to abide by the same.

### Accuracy of Information from GP/practice

The GP/practice agrees to provide accurate and correct information to NZLocums & NZMedJobs in relation to all aspects of a locum request and locum placement.

### Placement Arrangements

The exact nature of the placement arrangements will be confirmed by way of a placement contract from NZLocums & NZMedJobs to the GP/practice.

### Future placement arrangements

In order for the NZLocums & NZMedJobs Locum Support scheme to continue to provide a service to all rural practices we engage Independent contractors to work through our service. In the event that a GP/practice wish to hire a locum who has been introduced to them through a placement arranged by NZLocums & NZMedJobs, we ask that these arrangements are made in conjunction with the NZLocums & NZMedJobs team.

### Payment of Locum

At the end of each fortnight of the placement, the locum is required to complete and submit a timesheet to NZLocums & NZMedJobs by fax or email.

The GP/practice agrees to arrange for an authorised person in the practice to date and sign the timesheet and to declare that the timesheet is true and correct.

The Locum will be paid by NZLocums & NZMedJobs on receipt of the timesheet.

### Session Rates

The GP/practice agrees to pay the sessional rate per session worked by the locum, to NZLocums & NZMedJobs on receipt of invoice.

One session is usually defined as four hours. The actual start and finish times may vary between practice with the session times agreed with you before the placement is confirmed.

### Payment by the GP/practice

The GP/practice will be invoiced for the sessions recorded and submitted to NZLocums & NZMedJobs by the locum at the session rates set out above. The GP/practice agrees to pay all invoices within 14 days of the date of the invoice. No receipt will be issued unless requested.

A payroll administration fee will be applied to all NZLocums & NZMedJobs invoices. For further information about this fee please contact the NZLocums & NZMedJobs team.

The GP/practice accepts that interest may be charged on overdue accounts. Any fee incurred in the collecting of overdue accounts will be at the expense of the GP/practice.

**Cancellation Fee**

The GP/practice agrees that once NZLocums & NZMedJobs have confirmed that locum cover will be provided, any cancellation:

- (a) up to one month before the locum start date may incur a NZ\$400+GST cancellation fee;
- (b) within one month of the locum start date may incur a cancellation fee of NZ\$4000+GST.

**Amendment to the placement arrangements**

Any amendment to the placement arrangements without the prior consent of NZLocums & NZMedJobs, the GP/practice or the locum may result in the locum being withdrawn from the placement.

**Accommodation**

The GP/practice agrees to provide and pay for suitable fully self contained quality accommodation for locums placed by NZLocums & NZMedJobs. NZLocums & NZMedJobs requires a full description, and where possible photographs, of the accommodation prior to confirmation of the placement. NZLocums & NZMedJobs may withdraw the locum from the placement if accommodation is found to be substandard.

**Transportation**

The GP/practice agrees to provide a vehicle for the locum or, in the event this is not possible, for NZLocums & NZMedJobs to arrange for the locum to be provided with a rental vehicle, to be paid for by the GP/practice.

**Locum Travel Expenses**

NZLocums & NZMedJobs will normally assist with any domestic transport and/or travel expenses for the locum to travel to and from the placement. However, for any placements over and above the two week entitlement under the Locum Support Service, additional travel expenses occurred will be passed on to the GP/practice. Any costs for the locum to travel to and from peripheral clinics during the period of the placement must be provided by the GP/practice and is to be settled directly by the GP/practice.

**Competence, Fitness to Practise and Quality of Services**

The GP/practice agrees to inform NZLocums & NZMedJobs of any complaints or concerns about the locum's competence, fitness to practise or the quality of the services provided, and to co-operate with any subsequent investigation by NZLocums & NZMedJobs.

**Information & Privacy**

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

**Liability**

The GP/practice agrees that NZLocums & NZMedJobs 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 & NZMedJobs 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 Locum Placement Terms and Conditions.**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_