

# Rural Anaesthesia Recruitment Service (RARS)

## Principal's Data Sheet

### PRINCIPAL

*The Principal can be a Regional Health Authority, hospital, group of employing doctors or solo practitioner.*

Name of Principal \_\_\_\_\_

Contact Person \_\_\_\_\_

Title of Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website Home Page \_\_\_\_\_

### TOWN OR REGION

Name of town or region \_\_\_\_\_

Population \_\_\_\_\_

Number of:  
Specialist anaesthetists \_\_\_\_\_ Non-specialist anaesthetists \_\_\_\_\_

ICU specialists \_\_\_\_\_ Hospitals in region/town \_\_\_\_\_

Description of town or region \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TYPES OF SERVICES PROVIDED

Please fill in a column for each hospital in your area, and list procedural specialists eg. general practitioners, O&G specialists, orthopaedic surgeons etc.

| HOSPITAL                     | A | B | C | D |
|------------------------------|---|---|---|---|
| Bed numbers                  |   |   |   |   |
| Operations/yr                |   |   |   |   |
| Deliveries/yr                |   |   |   |   |
| Surgical Specialists         |   |   |   |   |
| GP Proceduralists            |   |   |   |   |
| ICU Bed Numbers              |   |   |   |   |
| ICU Admissions/yr            |   |   |   |   |
| Scope of Service             |   |   |   |   |
| Investigational Services     |   |   |   |   |
| Retrieval/Evacuation Service |   |   |   |   |
| Computer System Access       |   |   |   |   |
| E-mail Facility              |   |   |   |   |

### PRIVATE PRACTICE – TYPE OF SERVICES REQUIRED

Please complete the sample timetable below indicating the type of intensive care services required.

| Week One  | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning   |        |         |           |          |        |
| Afternoon |        |         |           |          |        |
| Week Two  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning   |        |         |           |          |        |
| Afternoon |        |         |           |          |        |

**POSITION DESCRIPTION**

*If there is more than one position available, please complete a separate form for each position.*

Intensivist

Specialist Anaesthetist

JCCA Accredited GP Anaesthetist

Suggested schedule of duties including Call Roster (provide job description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of contract:

Commencement \_\_\_\_\_ Conclusion \_\_\_\_\_

**REMUNERATION PACKAGE**

Remuneration \_\_\_\_\_

Basis of remuneration \_\_\_\_\_  
*(fee for service, fixed contract, time base)*

Ancillary benefits \_\_\_\_\_  
*(please provide details)*

Motor Vehicle \_\_\_\_\_

Accommodation \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Private Practice Available \_\_\_\_\_

Type of Medical Indemnity Offered \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RARS WEB ADVERTISING**

Would you like this position advertised on the Rural Anaesthetic Recruitment Service Web page?  Yes  No

([www.anzca.edu.au/infocentres/rural](http://www.anzca.edu.au/infocentres/rural))

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return to:**

Rural Anaesthetic Recruitment Service  
Australian and New Zealand College of Anaesthetists  
630 St Kilda Road  
MELBOURNE VIC 3004  
or  
Facsimile: (03) 9510 6786