

# AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

## Rural Anaesthesia Recruitment Service (RARS)

### Recruit Data Sheet

#### PERSONAL INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Male / Female (Please circle)

#### QUALIFICATIONS, REGISTRATION, INDEMNITY COVER

Medical Qualification	University	Year
Specialist Qualification	Organisation	Year
GP Advanced Anaesthesia Rural Skills Post	Location	Year

Please attach a certified copy of your

- Medical Board Registration Certificate(s)
- Specialist Qualification (not required for FANZCA/FJFICM)
- Current Medical Indemnity Cover Certificate
- JCCA accreditation letter

**AVAILABILITY:****Anaesthesia Positions:** Yes / No**Intensive Care Positions:** Yes / No**Long Term Positions:** Yes / No**Short Term/Locum Positions:** Yes / NoComments: \_\_\_\_\_  
\_\_\_\_\_**AREAS OF OTHER INTEREST:**HDU: ICU: Evacuation/Retrieval: Paediatrics: Obstetrics: **REFEREES***Please provide the name and contact details for three (3) referees. Your nominated referees will be contacted and asked to provide a reference for you that will form part of your confidential record.*

Name:

Address:

Telephone:

Fax:

Name:

Address:

Telephone:

Fax:

Name:

Address:

Telephone:

Fax:

**Curriculum Vitae****Please supply an up to date copy of your CV (not for distribution to Principals)****LOCATION:***Please indicate in which States and/or Territories you would prefer to work (prior to commencing work, you must be registered in the appropriate State or Territory):* Any ACT NSW NT Qld SA Tas Vic WA

**For New Zealand applicants only:**

\* New Zealand applicants/recruits must complete and sign the New Zealand Privacy Act 1993 statement

You should be aware that:

- (a) The personal information concerning you provided to the Australian and New Zealand College of Anaesthetists (the 'College') contained in this Recruit Data Sheet or otherwise obtained or provided to the College may be held, used and disclosed by the College to Principals (potential employers).
- (b) The personal information provided is collected by and will be held by the College whose address is 630 St Kilda Road, Melbourne, Victoria 3004, Australia.
- (c) If you fail to provide any information requested in this application the College may be unable to include your name on the RARS database.
- (d) You have the right to obtain access to and correction of any personal information held by the Rural Anaesthesia Recruitment Service concerning you.

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

**AFFIRMATION**

I certify that:

- (i) I am free from chemical dependency other than prescribed medication.
- (ii) I have no illness which would preclude the safe practice of anaesthesia
- (iii) I have not been involved in any criminal proceedings arising out of the exercise of my hospital privileges or medical practice .

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

**Please return to:**

Rural Anaesthetic Recruitment Service  
Australian and New Zealand College of Anaesthetists  
630 St Kilda Road  
MELBOURNE VIC 3004

Phone: 61 3 9510 6299 Fax: 61 3 9510 6786 Email: rars@anzca.edu.au