

## LOCUM AGREEMENT

At Medical Recruitment Pty Ltd, we have been placing quality GPs since 1986 and as such ask that you accept these Terms & Conditions, in order to continue our commitment to servicing the medical profession. Please note these Terms & Conditions do not indicate a contract of employment between Medical Recruitment Pty Ltd and yourself. You are engaged as a self-employed contractor under a company name and ABN, or you are employed by the practice in which Medical Recruitment Pty Ltd places you, receiving Superannuation and Income Tax will be deducted as required by federal law.

### **1 Our obligation to you:**

- 1.1 Medical Recruitment does *not* charge you a fee for finding you work. This is a free service to all doctors registering for work.
- 1.1a However, in cases where we introduce a practice to you and you approach the practice without a directive from Medical Recruitment and the practice accepts you, a placement fee will apply.
- 1.2 Medical Recruitment does not provide your CV to anyone, without your consent. Your consent will be required for each practice we wish to send your CV to The copy of your CV which is provided to the practice does not contain sensitive information such as your address, phone/mobile, fax or email details and if any of your contact details are required it will be with your prior consent.
- 1.3 Should you wish to register in another state, Medical Recruitment will provide all necessary documentation and support to facilitate this.
- 1.4 Medical Recruitment will consider the practices demographics, location, situation etc before placing you, and ensure that you are well informed prior to making any firm decision. You are not obliged to accept a placement offered by Medical Recruitment and any decision to place you in a practice is entirely up to you.
- 1.5 Medical Recruitment will negotiate a previously agreed to respectable remuneration on your behalf.
- 1.5a Circumstances may require that a higher rate of pay be agreed upon, and you will be advised of same.
- 1.6 You will be provided confirmation in writing of any placement made as well as any changes made to these placements.
- 1.7 If applicable, Medical Recruitment will request that suitable accommodation, as well as travel expenses and a vehicle is provided to you by the practice. (That is mostly in the case of rural and remote practices not in close proximity of a capital city).

### **2 Your obligation to Medical Recruitment:**

- 2.1 Upon registering with Medical Recruitment, you will be required to provide a copy of your CV, current Registration, Qualifications, Indemnity Insurance, as well as your ABN, Company Name (if you work as a Company), otherwise your Super Fund details, and Banking Details. These will then be forwarded to any practice we place you in.
- 2.2 Medical Recruitment may request information pertaining to practices in which you may have contracted for work, this information will be noted and may be recorded in case of duplication.
- 2.3 You will be required to keep Medical Recruitment updated on any days, dates and times when you will not be available to work, especially in cases where you have been already booked for.
- 2.4 Should you be requested to return to a practice in which you have been placed by Medical Recruitment, you agree to direct the practice/client to contact Medical Recruitment regarding your availability.
- 2.6 Ensure that your Registration and Indemnity Insurance is up to date at all times.

**I have read the above Agreement**

I agree to these obligations. Please find following my completed Locum Application Form

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>LOCUM APPLICATION FORM</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Town / Suburb:</b>		<b>State:</b>	<b>Post Code:</b>
<b>Postal Address:</b>			
<b>Town / Suburb:</b>		<b>State:</b>	<b>Post Code:</b>
<b>Date of Birth:</b> dd/mm/yy		<b>Partner:</b> Y / N	<b>Children:</b> Y/ N <b>Ages:</b>
<b>Phone:</b>		<b>Mobile:</b>	
<b>Fax:</b>		<b>Email:</b>	
<b>Preferred Method of Contact:</b>	Please list in order of preference (eg. Mobile / Phone / Email / Fax)		
<b>Placement Type:</b>	Locum: <input type="checkbox"/>	Permanent	<input type="checkbox"/>
<b>When / Where Graduated:</b>	Year Graduated	Where Graduated	
<b>Qualification / s</b>			<b>VR:</b> Y / N
<b>Medical Registration Nos:</b>	Please list by state, then Registration Number		
<b>Provider No:</b>		<b>Prescriber No:</b>	
<b>ABN</b>			
<b>Available From:</b>			
<b>Locations Interested In:</b>			
<b>Type of Practice:</b>	Group: <input type="checkbox"/>	Private Billing:	<input type="checkbox"/>
	Solo: <input type="checkbox"/>	Mixed Billing:	<input type="checkbox"/>
	RN Support: <input type="checkbox"/>	Bulk Billing:	<input type="checkbox"/>