

COMMISSION OF INQUIRY NO. 1 OF 2005
MEDICAL BOARD OF QUEENSLAND

This is the annexure marked "**MDG-33**" mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17th day of May 2005.



**Queensland
Government**

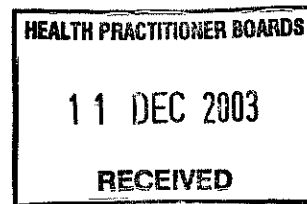
Queensland Health

**BUNDABERG HEALTH SERVICE DISTRICT
MEDICAL SERVICES**

Enquiries to: Dr Darren Keating
Telephone: 4150 2210
Facsimile: 4150 2029
Our Ref: DK:sh

1 December 2003

The Registrar
The Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001



Dear Sir/Madam

RE: DR JAYANT PATEL

The Bundaberg Health Service District has extended the contract of Dr Jayant Patel to 31 March 2005.

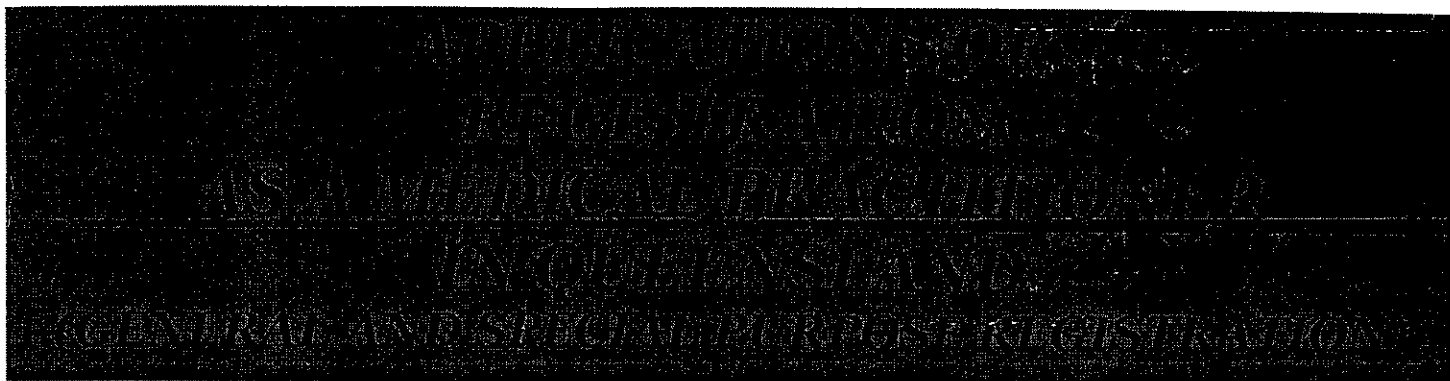
Please find enclosed the following documentation:

- Application for Registration – Form M1
- Form 1
- Form 2
- Assessment
- Payment for Medical Board Registration

Should you require any further information, please contact Sue on 07 4150 2210.

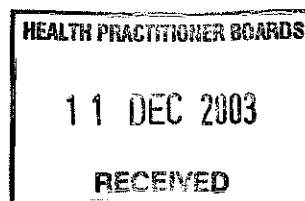
Yours sincerely

**Dr Darren Keating
Director of Medical Services**



Sections 42 and 139 Medical Practitioners Registration Act 2001

Medical Board of Queensland



Please read the Accompanying Guidelines before completing this form.

Complete Form and Return with Accompanying Documents to address below.



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Mailing Address:

Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

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Enquiries:

Telephone: (07) 3234 0176
Facsimile: (07) 3225 2527
Monday to Friday 9.00 am – 4.00 pm
E-mail medical@healthregboards.qld.gov.au
Website www.medicalboard.qld.gov.au

NOTE:

YOUR APPLICATION CANNOT BE PROCESSED UNLESS YOU PROVIDE ALL THE REQUIRED DOCUMENTATION THE APPLICATION FEE AND THE REGISTRATION FEE.

Location:

19th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

ABN: 35 789 351 327

APPLICATION DETAILS - Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. **ALL SECTIONS OF THIS FORM MUST BE COMPLETED.**

TITLE: MR MRS MS MISS **DR** OTHER _____
 (circle preferred title) (please specify)

FAMILY NAME PATEL GIVEN NAMES (in full) JAYANT

PREVIOUS NAME(S) (if applicable) _____

LANGUAGES SPOKEN (other than English) _____
 Degree Of Fluency FUNCTIONAL NATIVE SPEAKING

Date of Birth 10-4-1950 Place of Birth JAMNAGAR Gender Male Female
 Country of Birth INDIA

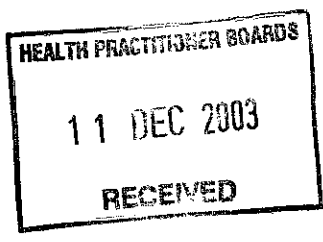
REGISTRATION/POSTAL ADDRESS (For inclusion in the public register) All Changes must be notified to the Board	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address)	RESIDENTIAL ADDRESS (if different from Registration address)
<u>2/- Bundaberg Base Hospital</u> <u>BOURBONG STREET</u> <u>BUNDABERG, QLD</u> Postcode <u>4670</u> Is this your residential address? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/>	 Postcode _____	<u>20-4 MILLER STREET</u> <u>BARCARA, QLD</u> Postcode <u>4670</u>

CONTACT TELEPHONE NUMBERS: Day (07) 452 1222 After Hours _____ Mobile 0404046265

EMAIL ADDRESS: Jayant_Patel @ health.qld.qa

CATEGORY OF REGISTRATION APPLIED FOR:
 GENERAL
 SPECIAL PURPOSE (see back page and state which Special Purpose)

QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)	Degree/Diploma/Certificate	University/College/Examining Body	Year Conferred
	<u>DIPLOMATE</u>	<u>AMERICAN BOARD OF SURGERY</u>	<u>1988</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____



SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER (If insufficient space set out on separate page)

Practice Name/Employer	Address	Period of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGISTRATION:

1. State/Territory/Country where first registered as a medical practitioner NEW YORK and year 1979
2. Are you currently registered as a medical practitioner elsewhere? YES NO
If yes, give State/Territory/Country OREGON, USA
3. Have you ever been registered as a health practitioner in another State or Territory of Australia, or another country? YES NO
If yes, give State/Territory/Country and indicate profession _____
4. Have you ever been registered as a health practitioner in Queensland? YES NO Medical Professional - 2003
Profession and Year registered

FITNESS TO PRACTISE:

If you answer "Yes" to any of the following, please provide full details on a separate sheet.

- | | |
|---|--|
| 1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 2. Do you have a criminal history?
(see accompanying information sheet for an explanation of 'criminal history'). | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 3. Have you been registered under the <i>Medical Practitioners Registration Act 2001</i> or the <i>Medical Act 1939</i> (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, and the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 4. Has your registration as a health practitioner ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country? | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 5. Have you ever been refused registration as a health practitioner in any Australian State or Territory, or in another country? | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country? | Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> |
| 7. Do you have a reasonable command of the English language? | Yes No
<input checked="" type="checkbox"/> <input type="checkbox"/> |

IMPORTANT NOTES:

- Apart from question 7, if you answer "Yes" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term '**health practitioner**' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- Please note that if you are granted registration, you must notify the Board of the following matters:
 - a change in your name
 - a change in your address (and email address).
 - for a special purpose registrant, a change in the way that you undertake the special activity for which you are registered
 - the withdrawal or cancellation of your qualification for registration
 - before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the board notice of the change within 14 days
 - conviction for an indictable offence in Queensland or under a corresponding law (please use form MHPPS385A).
 - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use form MHPPS385B).
 - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use form MHPPS385C).
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER (if insufficient space set out on separate page)

REFEREES: Give name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

Name DR. James Gaffield
Address C/- Bundaberg Base Hospital
Bundaberg, QLD 4670
Occupation Surgeon
Telephone (07) 4152-1222 Postcode 4670

Name DR. DARREN KEATING
Address C/- Bundaberg Base Hospital
Bundaberg
Occupation Director of Medical Services
Telephone (07) 4152-2220 Postcode 4670

I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories or any other countries regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness, and that all documents and supporting material lodged with this application are true and correct.

I also undertake to comply with all relevant legislation, codes of practice, and Medical Board of Queensland policies.

JAYANT PATEL
Printed Name of Applicant

Jayant Patel
Signature of Applicant

Susan Hutchins
Printed Name of Witness

S Hutchins
Signature of Witness

Date: 10 day of December 2003

INSTRUCTION FOR COMPLETION OF APPLICATION:

- **SPECIAL PURPOSE REGISTRATION** (applicant does not hold a primary medical qualification obtained in Australia or New Zealand or has not passed the Examination set by the Australian Medical Council for the purpose of qualifying for general registration) may be granted for the following purpose: -
 - **S 132, Postgraduate study or training** – to enable a person to undertake postgraduate study or training, in medicine, approved by the Board.
 - **S133, Supervised training to prepare for clinical examination** – to enable a person to undertake supervised training, approved by the Board, to prepare for the clinical examination conducted by the Australian Medical Council.
 - **S 134, Medical teaching or research** – to enable a person to engage in medical teaching or research.
 - **S135, Practice in area of need** – to enable a person to practice in an area the Minister for Health has decided is an area of need for a medical service.
 - **S136, Study or training to obtain a qualification in a specialty** – to enable a person to undertake study or training to obtain a qualification in a specialty.
 - **S137, Practice in the public interest** – to enable a person to practice the profession for a particular purpose.
 - **S138, Practice in general practice** - to enable a person to practice medicine in general practice.

NOTE

- **SPECIALIST REGISTRATION:**
Application for registration as a specialist requires a separate form available on request from the Medical Board.

ACCOMPANYING ITEMS - THE FOLLOWING SHOULD BE ATTACHED:

ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, OR A NOTARY - (PRODUCTION OF ORIGINAL DOCUMENTS MAY BE REQUIRED FOR SIGHTING)

1. **APPLICATION AND REGISTRATION FEES.** **THIS IS A TAX INVOICE.**
(please see accompanying guidelines for details)
2. **PROOF OF IDENTITY:**
 - drivers licence, passport, or other official identification document which includes a photograph
 - marriage certificate or other document evidencing change of name (if applicable)
 - statutory declaration for any name changes
3. **RECENT PASSPORT TYPE PHOTOGRAPH/S WITH SIGNATURE ON THE BACK AND CERTIFIED AS A TRUE LIKENESS.**
4. **PROOF OF QUALIFICATIONS:** Original or certified copies of relevant documents:
 - original or copy of qualifications including specialist qualifications
 - current registration/practising certificate
 - **TRANSLATIONS:** where applicable, translations of any documents must be by a certified translator and must be accompanied by the original or a certified copy of the original.
5. **A FULL CURRICULUM VITAE WITH DETAILS OF EXPERIENCE AND POSITIONS HELD**
6. **CERTIFICATE OF GOOD STANDING (COGS)** from each registration authority where you currently are, or have most recently been registered (if applicable). As a COGS is only valid for 3 months you will require a new COGS if your current one has expired. This is usually arranged for direct dispatch and must be received by the Board before the application is considered.

Medical Practitioners Information Sheet

General Registration or Special Purpose Registration as a Medical Practitioner

The following is provided to assist in completing an Application for General Registration or an Application for Special Purpose Registration as a medical practitioner in Queensland.

Certified Copies of Documents

All copies of documents required to be submitted with the application must be certified copies, that is, copies certified by a Justice of the Peace, Commissioner for Declarations, Notary or another authorised person as true copies of the original documents.

Special purpose registrants who are currently registered and are applying for a new period of registration do not need to resubmit documentation submitted in respect to their initial application.

Qualifications

The following must be included with the application form as proof of your qualifications:

- certified copy of the academic qualifications that you nominate in the application if qualifications documents are not in English, an English translation by a certified translator must be attached.

Fitness to Practice

In the section titled *Fitness to Practice*, the term “Criminal history” means:

- every conviction for an offence, in Queensland or elsewhere;
- every charge made against the applicant for an offence in Queensland or elsewhere.

The Board may have regard to an applicant’s criminal history in deciding whether an applicant is fit to practise the profession. In having regard to criminal history, the Board must have particular regard to any conviction that an applicant has:

- for an indictable offence;
- for an offence against:
 - the *Medical Act 1939* (repealed);
 - the *Medical Practitioners Registration Act 2001*;
 - the *Health Practitioners (Professional Standards) Act 1999*; or
 - a law providing for the same matter in another State, the Commonwealth or another country.

- for an offence, relating to the practice of the profession, against:
 - the *Health Act 1937*;
 - the *Fair Trading Act 1989*;
 - another law in Queensland, the Commonwealth, another State or another country.

Where an applicant answers YES to questions on the application form pertaining to fitness or suitability to practise, a full explanation of the circumstances must be provided with the application.

Proof of Identity

The following must be presented with the application as proof of identity:

- Certified copy of Driver's Licence, or Passport, or other official identification that includes a photograph.
- Two recent passport-type photographs of the applicant endorsed on the back by a witness as follows:
 "I (*witness*) certify this photograph to be a true likeness of (*applicant's name*)"
 and signed and dated on the back by the witness and the applicant.
- If a name change is applicable, a certified copy of marriage certificate or deed poll to verify the present name against the name under which the applicant qualified.

Proof of Registration and Standing

An applicant who is currently registered elsewhere, or has recently been registered elsewhere, must present the following as proof of registration and standing:

- A Certificate of Good Standing from each registration authorities where you currently are registered, or have most recently been registered (if applicable) – *applicant to arrange for Certificate to be forwarded directly from the registration authority to the Board.*

Character References

On the application form you must give the name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

The Board will contact these persons to obtain references about you.

Summary of the Nature, Extent and Period of Experience since Qualifying

Section 45(1)(g) of the *Medical Practitioners Registration Act 2001* provides that in deciding whether an applicant for **General Registration** is fit to practise the profession, the Board may have regard to the nature, extent and period of any practice of the profession by the applicant since the qualification day – i.e. the day the qualification relied upon by the applicant to obtain registration was confirmed or awarded – if the qualification day is more than 3 years before the date of application.

All applicants for **General Registration** or **Special Purpose Registration** must provide a Curriculum Vitae with their application, describing the nature, extent and period of any practice since qualifying as a medical practitioner. Details of the nature of practice, e.g. clinical, continuing education, research, study,

teaching or administration should be provided.

Prescribed Application and Registration Fees

For **Special Purpose Registration** the current fees (in Australian dollars) to be submitted with an application for registration are \$416.00 (\$124.00 non-refundable application fee and \$292.00 annual registration fee. Any pro-rata portion of the annual registration fee will be refunded, if applicable, on receipt of notification that the registrant has ceased the special purpose activity.

For **General Registration** the current fees (in Australian dollars) to be submitted with an application are as follows:

\$416.00 (if registering between 1 October and 31 March); or
\$270.00 (if registering between 1 April and 30 June); or
\$197.00 (if registering between 1 July and 30 September);

The prescribed fees comprise an application fee of \$124.00 (non-refundable) plus a pro-rata portion of the annual registration fee (currently \$292.00). These fees are applicable only in the first year of registration.

If you do not follow these guidelines and provide all of the requested supporting documentation, delays may occur in processing your application.

All applications for registration must be approved by the full Medical Board, and applicants must be personally interviewed on behalf of the Board by the President or an authorised member of the Board before registration is authorised.

You should ensure that you allow sufficient time for completion of all registration requirements before any intended date of commencement of practise to which you are committed. (AT LEAST 6 WEEKS)

Should you need further information please contact a staff member of the Office of Health Practitioner Registration Boards on:
(07) 3234 0176, or
e-mail: medical@healthregboards.qld.gov.au

PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to consider your application for registration as a Medical Practitioner and carry out other functions relevant to the administration of the *Medical Practitioners Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to confirm your identity and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).

AREA OF NEED POSITION DESCRIPTION

(For Completion by employer)

Name of Applicant: Dr Jayant Patel

Title of Position: Director of Surgery Site:

Urban

Rural

Remote

Field: General practitioner

Hospital

Specialty

(Attach Position Description if Available)

Service requirements of the position	Outline details including pre-requisite skills
General Practice - (provide details of case-mix below)	
Medical	
Surgical	To provide Surgical Services to Outpatients and Inpatients presenting to the Bundaberg Base Hospital. To assess patients presenting to Surgical Clinics. To operate in theatre. To participate in "on-call" roster over night and weekends in conjunction with Staff Surgeons. To educate and guide junior medical staff at ward rounds, clinics and in theatre. To provide education sessions to medical students regarding surgical presentations. Dr Patel has been in this role for the past 12 months and his performance is rates as excellent.
Obstetrics/Gynaecology	
Anaesthetics	
Emergency	
Mental Health	
Other discipline	
Special Skills Required	
Supervision Available	
Consultant advice available	

Signed on behalf of

Employer..... 

Comment:

SUMMARY OF EXPERIENCE SUITABLE TO THE AREA OF NEED

(For completion by applicant)

Name:

DR. JAYANT M. PATEL

Qualification:

M.B.B.S. M.S.; DIPLOMATE OF AMERICAN BOARD OF SURGERY

(Attach full curriculum vitae)

Clinical Experience (Provide dates)	
General Practice <small>Note: General Practitioner applicants should provide details of experience in the following disciplines; applicants seeking registration in only one discipline need not provide details for others.</small>	
Medical	
Surgical	Extensive surgical experience in the field of General Surgery, including Endoscopy.
Obstetrics/ Gynaecology	
Anaesthetics	
Emergency	
Mental Health	
Other discipline	

Experience in independent practice:

Signed: Jayant Patel
(Medical practitioner)

ASSESSMENT FORM

SPECIAL PURPOSE REGISTRANTS – SECTION 135 AREA OF NEED - QLD

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

Instructions

- Clinical Supervisor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the clinical supervisor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the supervisor must complete the Improving Performance Action Plan at the end of this form.

Name: Dr Jayant Patel

Position: Director of Surgery

Period of Assessment Apr - Nov 03

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
CLINICAL						
<i>Knowledge base</i> Demonstrates adequate knowledge of basic and clinical sciences.				✓		
<i>Clinical skills</i> Elicits and records accurate, complete history and clinical examination findings.				✓		
<i>Clinical judgement/decision making skills</i> Organises, synthesises and acts on information and applies knowledge base.				✓		
<i>Emergency skills</i> Acts effectively and when appropriate acknowledges own limitations and seeks help			✓			
<i>Procedural skills</i> Performs procedures competently				✓		
COMMUNICATION						
<i>Patient and Family</i> Interacts effectively and sensitively with patients and families/care givers.				✓		
<i>Medical Records/Clinical Documentation</i> Provides clear, comprehensive and accurate records.			✓			
PERSONAL AND PROFESSIONAL						
<i>Professional Responsibility.</i> Demonstrates punctuality, reliability, honesty, self-care.				✓		
<i>Teaching</i> Participates in teaching other healthcare professionals, patients and/or care providers.				✓		
<i>Time management skills</i> Organises and prioritises tasks to be undertaken.				✓		
<i>Teamwork and colleagues</i> Works and communicates effectively within a team.				✓		

Supervisors must comment on the following:

List strengths: Dr Patel effectively utilises his broad knowledge, skills and experience in general surgery to provide high quality of patient care. He is a willing and enthusiastic leader. - He also brings understanding of clinical management subjects to appropriate forums.

List areas for improvement:

Dr Patel should continue to develop his understanding of the Australian health care systems and work towards implementing a formal approach to evaluation of the quality of surgical services provided at Bush.

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

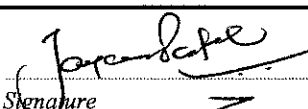
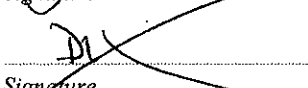
.....

Improving Performance Action Plan (to be completed by Registrant with Supervisor)

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment? Yes No

Signatures:

Registrant	<u>DR. JAYANT PATEL</u> Name (please print)	 Signature	<u>2-12-03</u> Date
Clinical Supervisor	<u>DR D.W. KEATING</u> Name (please print)	 Signature	<u>2-12-3</u> Date
Designation	<u>DIRECTOR of MEDICAL SERVICES</u>		

QUEENSLAND HEALTH

APPLICATION FOR AREA OF NEED CERTIFICATION



Queensland
Government
Queensland Health

21 NOV 2003

DETAILS OF SPONSORED DOCTOR:			
SURNAME:	PATEL	GIVEN NAME(S)	JAYANT
COUNTRY OF BIRTH:	INDIA	DATE OF BIRTH	10.04.1950
COUNTRY OF RESIDENCY:	AUSTRALIA	GENDER	MALE
QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):			
MBBS SAURASHTRA UNIVERSITY, INDIA - 1973			
MS (GENERAL SURGERY) SAURASHTRA UNIVERSITY, INDIA - 1976			
DIPLOMAT OF AMERICAN BOARD OF SURGERY 1988. RECERTIFIED 1996			
RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):			
REFER TO ATTACHED CV			
DETAILS OF EMPLOYER			
IF DIFFERENT FROM SPONSOR:			
PROPOSED GEOGRAPHICAL LOCATION/NAME OF TOWN (INCLUDE ALL LOCATIONS)			
BUNDABERG HEALTH SERVICE DISTRICT (BUNDABERG, GIN GIN, CHILDERS, MOUNT PERRY)			
PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS ONLY			

POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): DEPARTMENT (OPTIONAL): CLINICAL DISCIPLINE: (IF REQUIRED)	DIRECTOR OF SURGERY - SMO DEPARTMENT OF SURGERY
PRIVATE PRACTICE ONLY TYPE OF PLACEMENT: <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALIST : DISCIPLINE IF GENERAL PRACTICE: <input type="checkbox"/> BONA FIDE LOCUM <input type="checkbox"/> VACANCY <input type="checkbox"/> DEPUTISING SERVICE <input type="checkbox"/> AFTER HOURS	

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



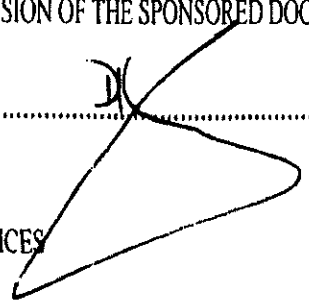
DATE OF REGISTRATION REQUESTED: 01.04.2004 TO 31.03.2005

MEDICAL REGISTRATION IS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW *AREA OF NEED* APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.

DATE OF VISA REQUESTED: 01.04.2004 TO 31.03.2005

STATUS OF APPLICATION:
 NEW APPLICATION EXTENSION OF EXISTING SPONSORSHIP

NOTE: THE SPONSORED DOCTOR MUST HAVE AGREED TO THE PROPOSED PERIOD OF SPONSORSHIP OR THE EXTENSION OF THE PERIOD OF SPONSORSHIP.

SPONSOR DECLARATION:
I CONFIRM THAT THE DETAILS ON THIS APPLICATION ARE CORRECT.
I HAVE OBTAINED THE PERMISSION OF THE SPONSORED DOCTOR TO SUBMIT THIS APPLICATION ON THEIR BEHALF.
SIGNATURE OF SPONSOR: 
DR DARREN KEATING
DIRECTOR OF MEDICAL SERVICES
BUNDABERG BASE HOSPITAL
GPO BOX 34
BUNDABERG QLD 4670
PH: 4150 2210
FX: 4150 2029
EMAIL: darren_keating@health.qld.gov.au

QUEENSLAND HEALTH USE ONLY

THE APPLICATION FOR DR JAYANT PATEL

TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS

SUPPORTED NOT SUPPORTED

TO SEEK REGISTRATION IN AN AREA OF NEED PURSUANT TO SECTION 135/S143A OF THE MEDICAL PRACTITIONERS
REGISTRATION ACT 2001, IS.

SUPPORTED NOT SUPPORTED

COMMENTS:

SIGNATURE:



DATE: 2/11/03

(PRINCIPAL MEDICAL ADVISER / MEDICAL ADVISER, RURAL HEALTH SERVICES / PRINCIPAL PROJECT OFFICER)