

HEALTH PRACTITIONER BOARDS  
17 JAN 2003  
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QUEENSLAND HEALTH

APPLICATION FOR AREA OF NEED CERTIFICATION

This application form must be completed by all sponsoring employers requesting support for a Temporary Resident Doctor (TRD) to enter Australia under a temporary work visa (visa subclass 422).

This form is not required for other visa subclasses.

All sections of this form must be completed to enable prompt processing. A curriculum vitae must be attached if this is a new application.

Please type or print in black ink to enable clear photocopying and send the completed form to the Principal Medical Advisor, Queensland Health. Once signed by the Principal Medical Advisor, a copy of this form will be forwarded to the Medical Board of Queensland and the original form will be returned to the sponsor for attachment to the employers application (form 55) to the Department of Immigration and Multicultural Affairs for visa subclass 422.

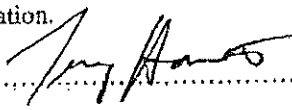
Sponsored doctor: Surname: <b>SHARMA</b>		First Name: <b>Dinesh Chandra</b>	
Sponsor/employer (hospital or practice name): <b>Fraser Coast Health Service District</b>			
Proposed geographical location (town/s): <b>Maryborough and Hervey Bay.</b>			
Is the proposed location: Remote <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Other <input type="checkbox"/>			
Type of medical practice:			
Hospital	<input checked="" type="checkbox"/>	Position (please state)	<b>Senior Medical Officer, Orthopaedics</b>
General Practice	<input type="checkbox"/>	Solo <input type="checkbox"/> Group <input type="checkbox"/>	Medical Clinic <input type="checkbox"/>
		Deputising Service	<input type="checkbox"/> Locum <input type="checkbox"/>
Specialist Practice	<input type="checkbox"/>	Hospital <input type="checkbox"/>	Private Practice <input type="checkbox"/>
Speciality (please state).....			
Qualifications: (please state - include date and issuing institution)			
<b>MB BS</b>	<b>Fiji School of Medicine, Fiji</b>		<b>1987</b>
<b>Diploma of orthopaedics</b>	<b>Australian Orthopaedic Association.</b>		<b>1996</b>
Postgraduate experience and training (please state):			
- Please see CV.			
Total number of years of postgraduate experience: <b>15</b> years			
For non-specialist applications, specify postgraduate experience in:			
emergency medicine	yes <input checked="" type="checkbox"/>	<b>12 months</b>	no <input type="checkbox"/>

Date of Visa/Registration Requested: from: 27/01/2003 to 25/01/2004

Is this a: 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: I confirm that the details on this application are correct and that I have obtained at least two independent referee reports about the sponsored doctor specific to this application.

Signature of sponsor:  Date - 14/1/2003

Name, title and address (please print) **Dr Terry Hanelt**  
**Director of Medical Services,**  
**Fraser Coast Health Service District.**  
**185 Walker Street,**  
**Maryborough. Qld.** Postcode **4650**

Telephone: ( 07 ) 41206859

Fax: ( 07 ) 41206799

For Queensland Health Use Only

QUEENSLAND HEALTH

ENDORSEMENT OF AREA OF NEED APPLICATION

The application for Dr **Dinesh SHARMA.**


to obtain a visa to work in Australia as a Temporary Resident Doctor: is  is not

consistent with the Ministerial Policy on Area of Need.

The application for registration under Division 10, Subdivision 1, Section 135 of the *Medical Practitioners Registration Act 2001* is supported:

yes  no

Comments:

Signature:  16/1/2003

(Principal Medical Advisor, Queensland Health)

The completed form should be returned to: Principal Medical Advisor  
 Health Advisory Unit  
 Queensland Health  
 GPO Box 48  
 BRISBANE QLD 4001  
 (07) 3234 0062 (fax)

Phone enquiries: (07) 3234 1386

**Medical Board of Queensland**

**Certificate of Registration  
Special Purpose - Section 135**

This is to certify that

**Dinesh Chandra Prasad Sharma**

is registered as a Medical Practitioner  
in the State of Queensland,

pursuant to the provisions of the *Medical Practitioners Registration Act 2001*

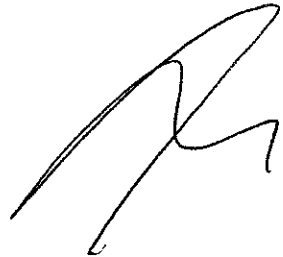
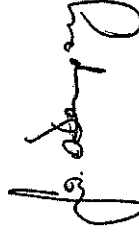
**for the period 27 February 2003 – 25 January 2004**

**Special Purpose Activity:**

To practise at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent of Maryborough Base Hospital on a temporary basis.

Registration Number: 1030636

EXECUTIVE OFFICER



## QUEENSLAND HEALTH

### APPLICATION FOR AREA OF NEED CERTIFICATION

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14 NOV 2003

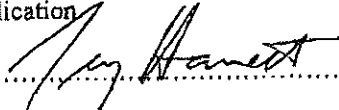
This application form must be completed by all sponsoring employers requesting support for a Temporary Resident Doctor (TRD) to enter Australia under a temporary work visa (visa subclass 422).

This form is not required for other visa subclasses.

All sections of this form must be completed to enable prompt processing. A curriculum vitae must be attached if this is a new application.

Please type or print in black ink to enable clear photocopying and send the completed form to the Principal Medical Advisor, Queensland Health. Once signed by the Principal Medical Advisor, a copy of this form will be forwarded to the Medical Board of Queensland and the original form will be returned to the sponsor for attachment to the employers application (form 55) to the Department of Immigration and Multicultural Affairs for visa subclass 422.

Sponsored doctor: Surname: <b>SHARMA</b>		First Name: <b>Dinesh Chandra</b>	
Sponsor/employer (hospital or practice name): <b>Fraser Coast Health Service District</b>			
Proposed geographical location (town/s): <b>Maryborough and Hervey Bay.</b>			
Is the proposed location:		Remote <input type="checkbox"/>	Rural <input checked="" type="checkbox"/>
		Other <input type="checkbox"/>	
Type of medical practice:			
Hospital	<input checked="" type="checkbox"/>	Position (please state)	<b>Senior Medical Officer, Orthopaedics</b>
General Practice	<input type="checkbox"/>	Solo <input type="checkbox"/>	Group <input type="checkbox"/>
		Deputising Service	<input type="checkbox"/>
Specialist Practice	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
		Medical Clinic	<input type="checkbox"/>
		Locum	<input type="checkbox"/>
		Private Practice	<input type="checkbox"/>
Speciality (please state).....			
Qualifications: (please state - include date and issuing institution)			
<b>MB BS</b>		<b>Fiji School of Medicine, Fiji</b>	<b>1987</b>
<b>Diploma of orthopaedics</b>		<b>Australian Orthopaedic Association.</b>	<b>1996</b>
Postgraduate experience and training (please state):			
- Please see CV.			
Total number of years of postgraduate experience:		<b>16</b>	years
For non-specialist applications, specify postgraduate experience in:			
emergency medicine	yes	<input checked="" type="checkbox"/>	<b>12 months</b>
	no	<input type="checkbox"/>	

Date of Visa/Registration Requested: from: 25/01/2004 to 25/01/2005	
Is this a:	new application <input type="checkbox"/> extension of existing sponsorship <input checked="" type="checkbox"/>
Note:	the sponsored doctor must have agreed to the proposed period of sponsorship or the extension of the period of sponsorship.
Sponsor:	I confirm that the details on this application are correct and that I have obtained at least two independent referee reports about the sponsored doctor specific to this application
Signature of sponsor:	 Date - 12/11/2003
Name, title and address (please print)	Dr Terry Hanelt Director of Medical Services, Fraser Coast Health Service District. 185 Walker Street, Maryborough. Qld. Postcode 4650
Telephone:	( 07 ) 41206859
Fax:	( 07 ) 41206799

For Queensland Health Use Only

QUEENSLAND HEALTH

ENDORSEMENT OF AREA OF NEED APPLICATION

The application for Dr **Dinesh SHARMA.**

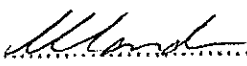
to obtain a visa to work in Australia as a Temporary Resident Doctor: is  is not

consistent with the Ministerial Policy on Area of Need.

The application for registration under Division 10, Subdivision 1, Section 135 of the *Medical Practitioners Registration Act 2001* is supported:

yes  no

Comments:

Signature:  13/11/2003

*pp* (Principal Medical Advisor, Queensland Health) **Leanne Chandler**

The completed form should be returned to: Principal Medical Advisor  
Health Advisory Unit  
Queensland Health  
GPO Box 48  
BRISBANE QLD 4001  
(07) 3234 0062 (fax)

Phone enquiries: (07) 3234 1386

**Medical Board of Queensland**

**Certificate of Registration  
Special Purpose - Section 135**

This is to certify that

**Dinesh Chandra Prasad Sharma**

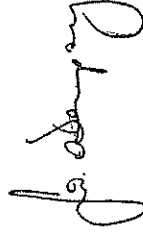
is registered as a Medical Practitioner  
in the State of Queensland,

pursuant to the provisions of the *Medical Practitioners Registration Act 2001*

**for the period 26 January 2004 – 25 January 2005**

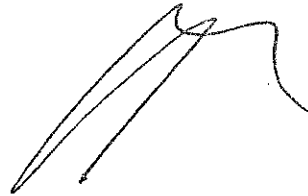
**Special Purpose Activity:**

To practise at Fraser Coast Health Service District, or any public hospital authorised by the Medical Superintendent on a temporary basis.



EXECUTIVE OFFICER

Registration Number: 1030636



**Certificate of Registration  
Special Purpose - Section 135**

This is to certify that

**Dinesh Chandra Prasad Sharma**

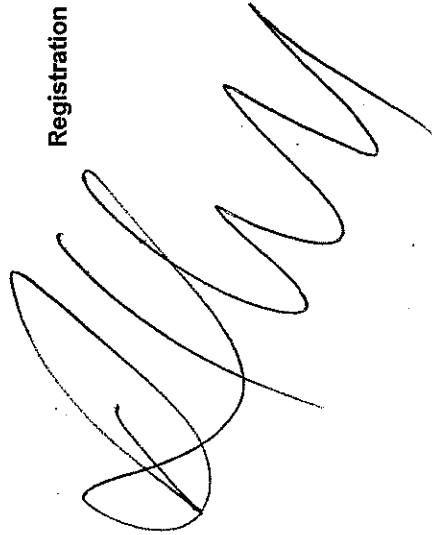
is registered as a Medical Practitioner  
in the State of Queensland,

pursuant to the provisions of the *Medical Practitioners Registration Act 2001*

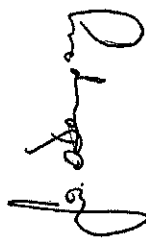
**for the period 17 January 2005 – 16 January 2006**

**Special Purpose Activity:**

To fill an area of need as a Senior Medical Officer in Orthopaedics at Fraser Coast Health Service District or any public hospital authorised by the Medical Superintendent on a temporary basis.



Registration Number: 1030636



EXECUTIVE OFFICER