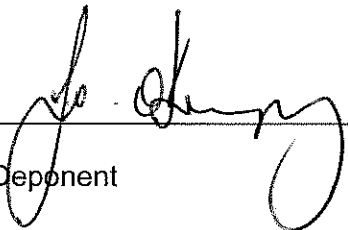
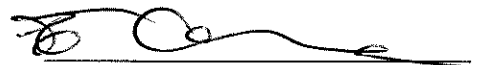


IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY
NO. 2 OF 2005

This is the annexure Marked "JPO-1" mentioned and referred to in the Affidavit of **JAMES PATRICK O'DEMPSEY** sworn before me this *14th* day of *OCTOBER* 2005.


Deponent


Solicitor/Justice of the Peace/
~~Commissioner~~

"JPO-1"

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



Queensland
Government
Queensland Health

RECEIVED
29 MAR 2005

DETAILS OF SPONSORED DOCTOR:

SURNAME:

GIVEN NAME(S):

GENDER: M F

DATE OF BIRTH: 15/03/1969

COUNTRY OF CITIZENSHIP: INDIA

AUSTRALIAN PERMANENT RESIDENT: Yes No

COUNTRY AND INSTITUTION OF QUALIFICATION/S AND DATE/S OBTAINED:

MBBS 1990 DR. BABASAHEB AMBEDKAR UNIVERSITY, INDIA

RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):

DOCTOR OF MEDICINE, M.D.(O.B.G.Y.) 1995 MARATHWADA UNIVERSITY ; IELTS 7.5 APRIL 2004

EMPLOYER: REDCLIFFE-CABOOLTURE HEALTH SERVICE DISTRICT

PROPOSED GEOGRAPHICAL LOCATIONS (INCLUDE SPECIFIC NAME OF PRIVATE PRACTICE AND/OR HOSPITALS THAT THE DOCTOR WILL BE REQUIRED TO PRACTISE AT):

REDCLIFFE HOSPITAL

CABOOLTURE HOSPITAL

IS THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL

PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS

POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): PRINCIPAL HOUSE OFFICER

DEPARTMENT/SPECIALTY: OBSTETRICS & GYNAECOLOGY

SUB SPECIALTY:.....(if applicable)

PUBLIC HOSPITALS MUST COMPLETE:

WAS THIS A DIRECT APPOINTMENT BY THE HOSPITAL: YES NO

IF NO, NAME OF RECRUITMENT AGENCY: BLUE ARROW GLOBAL LATITUDES WAVELENGTH
 OTHER (PLEASE SPECIFY).....

PRIVATE PRACTICE ONLY

TYPE OF PLACEMENT:

GENERAL PRACTICE SPECIALIST: DISCIPLINE

TYPE OF GENERAL PRACTICE:

GROUP PRACTICE (A PRACTICE WHICH HAS A GENERAL REGISTRANT OR A FRACGP PRESENT)
 SOLO PRACTICE

IF GENERAL PRACTICE:

BONA FIDE LOCUM VACANCY DEPUTISING SERVICE AFTER HOURS



QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION

DATE OF REGISTRATION REQUESTED: FROM: 18/04/2005 TO: 17/04/2006

SPECIFIC DATES MUST BE PROVIDED EG: 01/01/2004 TO 31/12/2004.

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: PERMANENT RESIDENT

STATUS OF APPLICATION:

- NEW APPLICATION
- EXTENSION OF EXISTING SPONSORSHIP
- CHANGE OF SPONSOR SAME LOCATION

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: *[Signature]*

NAME AND TITLE **Mary Montgomery, District Manager**
(FOR QH FACILITIES PLEASE ENSURE THAT SPONSOR IS HEALTH SERVICE DISTRICT NOT INDIVIDUAL HOSPITAL)

RETURN ADDRESS: **Redcliffe - Caboolture District Health Service
Locked Bag Number 1, Redcliffe QLD 4020**

TELEPHONE (07) 3883 7518

FACSIMILE: (07) 3883 7528

E-MAIL: Rhonda.McKean@health.qld.gov.au

PLEASE COMPLETE AS SIGNED FORM WILL BE EMAILED BACK TO SPONSOR

QUEENSLAND HEALTH USE ONLY

THE APPLICATION FOR:

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

NA 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: *[Signature]*

DATE: 30/3/05

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