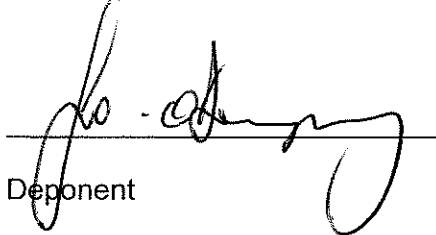



IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY
NO. 2 OF 2005

This is the annexure Marked "JPO-4" 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-4"

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



DETAILS OF SPONSORED DOCTOR:	
SURNAME: ..	GIVEN NAME(S):
COUNTRY OF BIRTH: SRI LANKA.....	DATE OF BIRTH: 30/07/69.....
COUNTRY OF RESIDENCY: SRI LANKA.....	GENDER M
QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):	
MBBS – UNIVERISTY OF COLOMBA, SRI LANKA – 1997	
MASTER OF SURGERY – UNIVERSITY OF COLOMBO, SRI LANKA - 2003	
RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):	
INTERN – NATIONAL HOSPITAL OF SRI LANKA, COLOMBO – 1998	
RMO – VARIOUS POSTS, COLOMBO, SRI LANKA – 1999 TO 2000	
POSTGRADUATE TRAINING SURGERY – VARIOUS REGISTRAR POSTS IN SRI LANKA 2000 TO 2004	
DETAILS OF EMPLOYER IF DIFFERENT FROM SPONSOR:	
PROPOSED GEOGRAPHICAL LOCATION/NAME OF TOWN (INCLUDE ALL LOCATIONS)	
REDLAND HOSPITAL, CLEVELAND	
PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS ONLY	
POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): PHO.....	
DEPARTMENT (OPTIONAL): GENERAL SURGERY	
CLINICAL DISCIPLINE: (IF REQUIRED):	

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



DATE OF REGISTRATION REQUESTED: FROM: 10/01/05..... TO: 08/01/06.....

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: FROM: 10/01/05..... TO: 08/01/06.....

STATUS OF APPLICATION:

X NEW APPLICATION

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:  20/09/04

NAME AND TITLE: **DR LANCE LE RAY**
(PLEASE PRINT)

RETURN ADDRESS: **REDLAND HOSPITAL, PO BOX 585, CLEVELAND, QLD 4163**

TELEPHONE: **3488 3492** FACSIMILE: **3488 3502**

E-MAIL: **LANCE_LE RAY@HEALTH.QLD.GOV.AU**

QUEENSLAND HEALTH USE ONLY

THE APPLICATION FOR DR

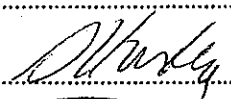
TO OBTAIN A VISA TO WORK IN AUSTRALIA AS A TEMPORARY RESIDENT DOCTOR IS

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: 23/9/04

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