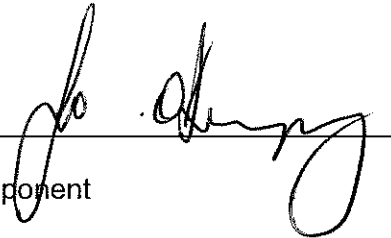
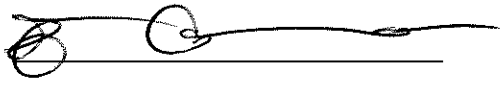


IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY
NO. 2 OF 2005

This is the annexure Marked "JPO-10" 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-10"

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION

21 FEB 2005



DETAILS OF SPONSORED DOCTOR:

SURNAME: GIVEN NAME(S):

GENDER: M F DATE OF BIRTH: ...6/5/64.....

COUNTRY OF CITIZENSHIP:..... AUSTRALIAN PERMANENT RESIDENT: YES NO

QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):

MBBS PESHAWAR 1988

MD 2004

RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):

FRCS EDINBURGH 1995, FRCS (OTO) EDINBURGH 1999, ATLS, UK 1999

EMPLOYER: QUEENSLAND HEALTH

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

TOWNSVILLE HEALTH SERVICE DISTRICT

IS THE PROPOSED LOCATION: METROPOLITAN RURAL REMOTE PROVINCIAL

PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS OR PRIVATE HOSPITALS

POSITION (PLEASE SPECIFY: JHO/SHO; PHO; SMO; SPECIALIST): REGISTRAR

DEPARTMENT/SPECIALTY/SURGERY

CLINICAL DISCIPLINE/SUB SPECIALTY:

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

IF GENERAL PRACTICE:

BONA FIDE LOCUM VACANCY DEPUTISING SERVICE AFTER HOURS

DATE OF REGISTRATION REQUESTED: FROM 9/3/05 TO 8/3/06

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



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: FROM: 9/3/05..... TO: ...8/3/09.....

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:  Mr Brian Pugh, ADDMS

NAME AND TITLE: **MR BRIAN PUGH, A/DDMS TOWNSVILLE HEALTH SERVICE DISTRICT** (PLEASE PRINT) (FOR QH FACILITIES PLEASE ENSURE THAT SPONSOR IS HEALTH SERVICE DISTRICT NOT INDIVIDUAL HOSPITAL)

RETURN ADDRESS: **PO BOX 670 TOWNSVILLE QLD 4810**

TELEPHONE: **07 4796 1059**..... FACSIMILE:**07 4796 1051**

E-MAIL: chris_pittard@health.qld.gov.au.....
PLEASE COMPLETE AS SIGNED FORM WILL BE EMAILED BACK TO SPONSOR.

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: 22/2/05

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