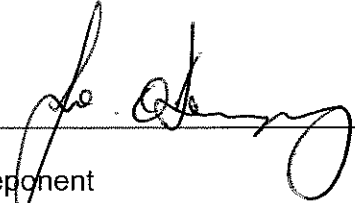


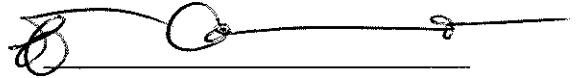
IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY
NO. 2 OF 2005

This is the annexure Marked "JPO-13" 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

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



DETAILS OF SPONSORED DOCTOR:

SURNAME: GIVEN NAME(S):

GENDER: M F DATE OF BIRTH: 13.07.1974.....

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

QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):

- BACHELOR OF MEDICINE BACHELOR OF SURGERY, JAKARTA, INDONESIA

RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):

1995 - 1997 INTERNSHIP CIPTO MANGUNKUSUMO HOSPITAL, JAKARTA, INDONESIA

1997 MEDICAL DOCTOR DEGREE

1998-1999 GP PRACTICE, EDDY SOERATMAN PULMONOLOGY CLINIC, JAKARTA INDONESIA

1999 - 2001 RMO OBSTETRIC WOMENS & CHILDRENS HOSPITAL, ADELAIDE, SOUTH AUSTRALIA

EMPLOYER: TOOWOOMBA HEALTH SERVICE DISTRICT

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

TOOWOOMBA, OAKY AND GATTON

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: *OLG*

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 WAVELLENGTH

OTHER (PLEASE SPECIFY).....

PRIVATE PRACTICE ONLY

TYPE OF PLACEMENT:

GENERAL PRACTICE SPECIALIST: DISCIPLINE

IF GENERAL PRACTICE:

QUEENSLAND HEALTH APPLICATION FOR AREA OF NEED CERTIFICATION



BONA FIDE LOCUM VACANCY DEPUTISING SERVICE AFTER HOURS

DATE OF REGISTRATION REQUESTED: FROM: ...17.01.2005..... TO:16.01.2006.....

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: FROM: ...17.01.2005..... TO:16.01.2006.....

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: *G. Moss* 10/11/2004

NAME AND TITLE: *TOOWOOMBA HEALTH SERVICE DISTRICT*.....
(PLEASE PRINT) (FOR QH FACILITIES PLEASE ENSURE THAT SPONSOR IS HEALTH SERVICE DISTRICT NOT INDIVIDUAL HOSPITAL)

RETURN ADDRESS: PMB #2, TOOWOOMBA QLD 4350.....

TELEPHONE: 4616 6350..... FACSIMILE: 4616 5099.....

E-MAIL: GERALD.MOSS@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: *G. Moss* DATE: 10/11/04