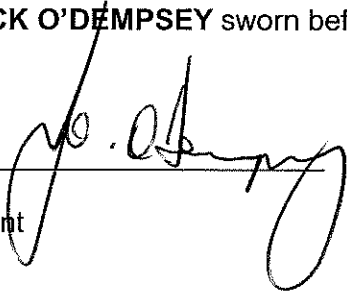


IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950  
QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY  
NO. 2 OF 2005

This is the annexure Marked "JPO-19" mentioned and referred to in the Affidavit of **JAMES PATRICK O'DEMPSEY** sworn before me this 14<sup>th</sup> day of OCTOBER 2005.

Deponent



Solicitor/Justice of the Peace



Commissioner

"JPO-19"

# QUEENSLAND HEALTH



Queensland  
Government  
Queensland Health

## APPLICATION FOR AREA OF NEED CERTIFICATION

<b>DETAILS OF SPONSORED DOCTOR:</b>			
SURNAME:	GIVEN NAME(S):		
GENDER: MALE	DATE OF BIRTH: 12/07/1968		
COUNTRY OF CITIZENSHIP: SOUTH AFRICA	AUSTRALIAN PERMANENT RESIDENT: NO		
<b>QUALIFICATIONS (PLEASE SPECIFY ISSUING INSTITUTION AND DATE OBTAINED):</b>			
1991: MBBS UNIVERSITY OF WITWATERSRAND, SOUTH AFRICA			
<b>RELEVANT POSTGRADUATE EXPERIENCE AND TRAINING (PLEASE SPECIFY):</b>			
1997: FRCS OTORHINOLARYNGOLOGY			
<b>DETAILS OF EMPLOYER IF DIFFERENT FROM SPONSOR:</b>			
<b>PROPOSED GEOGRAPHICAL LOCATION/NAME OF TOWN (INCLUDE ALL LOCATIONS)</b>			
CAIRNS HEALTH SERVICE DISTRICT			
<b>PUBLIC HOSPITALS/HEALTH SERVICE DISTRICTS ONLY</b>			
POSITION (PLEASE SPECIFY: JHO/SIHO; PHO; SMO; SPECIALIST): STAFF SPECIALIST ENT			
DEPARTMENT (OPTIONAL)			
CLINICAL DISCIPLINE (IF REQUIRED):			
<b>PRIVATE PRACTICE ONLY</b>			
TYPE OF PLACEMENT:			
<input type="checkbox"/> GENERAL PRACTICE	<input type="checkbox"/> SPECIALIST: DISCIPLINE.....		
<b>IF GENERAL PRACTICE:</b>			
<input type="checkbox"/> BONA FIDE LOCUM	<input type="checkbox"/> VACANCY	<input type="checkbox"/> DEPUTISING SERVICE	<input type="checkbox"/> AFTER HOURS

# QUEENSLAND HEALTH



Queensland  
Government  
Queensland Health

## APPLICATION FOR AREA OF NEED CERTIFICATION

DATE OF REGISTRATION REQUESTED: FROM: 1/09/2004 TO: 31/08/2005

SPECIFIC DATES MUST BE PROVIDED EG: 01/01/2003 TO 31/12/2003.

MEDICAL REGISTRATIONS LIMITED TO A MAXIMUM OF 12 MONTHS. A NEW AREA OF NEED APPROVAL WILL BE REQUIRED FOR FURTHER REGISTRATION.

DATE OF VISA REQUESTED: FROM: 1/09/2004 TO: 31/08/2008

### 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: .....

NAME AND TITLE: Dr Jill Newland, Executive Director Of Medical Services

(PLEASE PRINT)

RETURN ADDRESS: Cairns Health Service District

PO Box 902, Cairns 4870

TELEPHONE: 4050 6358

FACSIMILE: 4050 6696

E-MAIL: jill\_newland@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: 22/6/04

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