

Date:

Application to Register for Casual Locum Assignments with Bush Locums

Your Name

Email Address

Postal Address

Phone Contact

Degree

Undergraduate University Year

Post Graduate Qualifications	<input type="text"/>	Year	<input type="text"/>
	<input type="text"/>	Year	<input type="text"/>
	<input type="text"/>	Year	<input type="text"/>
	<input type="text"/>	Year	<input type="text"/>

Have you recently completed any emergency training courses?

EMST YES / NO APLS YES / NO ALSO YES / NO

Other

What recent emergency experience have you had?

Metro Hospital ED Rural Hospital ED

Other

Procedural Skills

ANAESTHETICS	<input type="text"/>
BASIC SURGICAL TRAINING	<input type="text"/>
OBSTETRICS/GYNAECOLOGY	<input type="text"/>

Vocationally Registered YES / NO

Years of General Practice experience

Years of Rural Experience

Regions of Interest in WA _____

When would you be interested in working in rural WA? _____

Please fax or post this completed form and your current CV to:
Debby Redman , Locum Program Coordinator

Email: locum@ruralhealthwest.com.au

