

**Murray-Plains Division of General Practice
GP Locum Profile**

Personal Information

Name:			
	Last	First	Middle
Address:	Street /Postal details		
	Town/City	State	Postcode
Home Phone:	()	Mobile Phone:	
E-mail Address			
Birth Date:		Partner's Name:	
Accompanying Children			
Pets			

Professional Information

Medical Registration		Renewal date	
Medical Qualification		Year & Place of Graduation	
Post Graduate Qualifications		Year & Place of Graduation	
Procedural Skills		Special Interest Areas	

Emergency Contact Information

Full Name:			
	Last	First	Middle
Address:	Street Address		Flat/Unit
	Town/City	State	Postcode

Primary Phone:	()	Alternate Phone:	
Relationship:			
Preferences			
Practice type comments			
Please circle	Solo	2 person	Group
			No preference
			Other
Accommodation Comments			
Location comments			
Best contact method(s)			
Recent Employment History			
Title	Responsibilities		

Professional Checks

Referee 1 Name		
Address		
Email		
Phone No		
Fax No		
Referee 2 Name		
Address		
Email		
Phone No		
Fax No.		
Medical Registration Board No(s)		
DVA Medical officer		
V.R. Health Insurance Commission		
Medical Insurance Company		
Credentialed at any Hospitals (list)		
CPD Status & No(s)		

Office Use Only

Comments

Name: Date / /

Please **fax** to 03 5480 0702 or **email** to smay@mpdgp.com.au
post to Workforce, P O Box 669, Echuca Vic 3564