



Government
of South Australia

SA Health

AREA OF NEED (AoN) REQUEST FOR EXTENSION

SECTION 1 – REQUESTING ORGANISATION CONTACT DETAILS *(example: practice, health service, recruitment agency)*

Name	
Role	
Organisation	
Address	
Phone	
Email	

SECTION 2 – EMPLOYING BODY *(if different from requesting body)*

Name	
Address	

SECTION 3 – DOCTOR DETAILS

Full Name <i>(Name in full as it appears on the Australian Health Practitioner Regulation Agency (Ahpra) registration)</i>		
Current Visa Status <i>(This is, sponsored, temporary visa, permanent resident)</i>		
Doctors Australian Health Practitioner Regulation Agency (Ahpra) number and expiry date		
Phone		
Intended start date		
Country of Origin		

SECTION 4 – POSITION DETAILS

If existing, has this position previously been granted Area of Need status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the name of the doctor who previously filled the position?		
Position Type	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Hospital Medical Officer <input type="checkbox"/> Specialist	
Position Title		

Principal location of the position <i>(example: practice, hospital, health service)</i>	<p>It is important that this information is in full and correct as this will be included in the AoN support letter.</p> <p>Site Name: _____</p> <p>Site full street/suburb address:</p> <p>_____</p> <p>_____</p>
Additional sites of the position <i>(other hospitals, practices or health services this doctor might work at)</i>	<p>It is important that this information is in full and correct as this will be included in the AoN support letter.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (provide full details below)</p> <p>Site Name: _____</p> <p>Site full street/suburb address:</p> <p>_____</p> <p>_____</p> <p>Site Name: _____</p> <p>Site full street/suburb address:</p> <p>_____</p> <p>_____</p>
Duration of appointment	
Intentions for retention of the medical practitioner	
SECTION 5 – CRITERIA & DOCUMENTATION REQUIREMENTS	
<p>Ensure the following sections are completed and supporting documentation is provided along with the application. Refer to the AoN Policy Guideline 3.2.2.</p> <p>Sections that are not completed will be returned for attention and will delay the application process.</p>	
Provide a copy of the previous AoN letter	Attached? <input type="checkbox"/> Yes
Copy of Australian Health Practitioner Regulation Agency (AHPRA) registration - LIMITED	<input type="checkbox"/> Yes
Provide details (full address and name) of all locations to be listed Have sites on the original application changed (removed or new ones included)?	<input type="checkbox"/> Yes
Provide a copy of the current Position Description which must include the remuneration. Remuneration must be in dollar value not percentage based. (e.g. \$150,000 or \$150,000 - \$250,000)	<input type="checkbox"/> Yes

A current position description must have been written in the last 12 months.		<input type="checkbox"/> Yes
Copy of official exam(s) record (demonstrating progression towards registration)		<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Copy of official registration for future exam(s) (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> N/A
SECTION 6 - SIGN THIS APPLICATION FORM		
Name of person submitting the application		
Position/Authority		
Signature		
Date		
Email the completed application to Health.AreaofNeed@health.sa.gov.au		
Phone (08) 8226 7231 for any questions about Area of Need applications or email Health.AreaofNeed@sa.gov.au		
SA Health will undertake the assessment within 10 days maximum on receiving a complete application. An incomplete application will delay the assessment process.		