



Western Health

Application for Clinical Placement

Name:	Phone:
Practice:	Fax:
Email:	Mobile:
Address:	

Placement details

Clinic/Department requested

Purpose of placement

Preferred Supervisor (leave blank if no preference)

Preferred dates and times (3 weeks notice will be required to process applications)*

**Please note Western Health requires GPs to nominate specific dates for clinical placements to ensure that supervisors are available. Western Health requires two weeks notice of any changes to dates once the application has been processed.*

Please attach:

- A brief CV
- A copy of your current medical registration
- A copy of your current medical indemnity insurance

Sign _____ Date _____

Submit completed forms and supporting documents to:

General Practice Liaison Unit

Fax: 03 8345 1180

Email: gp@wh.org.au

Any questions please contact the General Practice Liaison Unit on **03 8345 1735**.