Government of **Western Australia**
Department of **Health**

Area of Need - application checklist

The following checklist is to be completed prior to starting an online Area of Need application.

Additional information and guidance is provided in the Area of Need Application Guide and Assessment Criteria published on the WA AoN website.

Note: If there are multiple documents to upload for a particular requirement, please scan/save them into one attachment (preferred) or use the five additional upload fields available at the end of the online application form.

Application section	Checklist

Application contact and authority delegate	☐ **Details of Application Contact Person** e.g. name, contact details
	
	If you are an Authorised Delegate of your Employer, you will also need:
	    ☐ Authorising Employer's name, organisation
	
	If you are nominated as an Authorised Agent/Third Party, you will also need:
	    ☐ Name of Authorising Employer
	    ☐ Signed Nomination of Third Party Letter (to upload as attachment) (template on WA AoN website)

Service type for proposed area of need	☐ **Identify the service type/specialty for the proposed AoN** e.g. General Practice, Radiology, Psychiatry-Child and Adolescent Consider if subspecialisation is necessary for the role

Proposed area of need location	☐ **Identify the area type and location(s) for the proposed AoN**
	
	    ☐ Determine the area type i.e. suburb(s), LGA(s), region(s) or statewide
	    ☐ Names of locations(s) e.g. names of suburb(s)
	    ☐ Names of any 'sub-locations' to exclude from the proposed area (if applicable)
	
	Check the Australian Government's Health Workforce Locator to identify any non-DPA/DWS areas that fall within the proposed area that will need to be excluded from the application
	
	☐ Letter(s) of support (optional) (to upload as attachment)
	
	Recommended for regional and statewide applications e.g. a letter of support from Rural Health West or WA Country Health Service
	
	☐ **Prepare a brief Statement of Need (750 character limit)**
	
	A brief statement outlining the context/reason for the application. May include details of recruitment attempts, geographical pressures or specify that the application is for a doctor who already holds *Limited Registration for*

Application section	Checklist
	Area of Need and requires an extended period to complete their Australian Qualification.
Employment locations / sites	* Regional or statewide applications are not required to complete this section ☐ **Identify the name and address of employment location(s) / site(s)** i.e. name and full address of the specific medical practice(s) / health services where the International Medical Graduate(s) will be employed to work.
Distribution Priority Area (DPA) or District of Workforce Shortage (DWS) classification	☐ **Check current DPA/DWS status for the proposed location(s) on the Australian Government's [Health Workforce Locator](#)** DPA status is relevant for General Practice applications DWS status is relevant for Non-GP Specialist applications ☐ Evidence of current DPA/DWS status (or a 19AB Exemption) (to upload as attachment) e.g. screenshot from Health Workforce Locator, 19AB Exemption email If evidence of current DPA/DWS status or a valid 19AB Exemption cannot be provided, please contact the AoN Team (areaofneed@health.wa.gov.au).

Health service details	* Regional or statewide applications are not required to complete this section
	
	☐ **Number of doctors currently employed at the requesting health service(s) in the categories below:**
	
	    ☐ Full-time
	    ☐ Part-time
	    ☐ IMGs who currently hold Limited Registration for Area of Need
	
	☐ **Business hours of requesting health service(s)**
	
	(Monday-Friday, weekends, Public Holidays)
	
	    ☐ Business Hours for multiple sites (if applicable) (to be added as an attachment)
	
	    If more than one set of business hours needs to be provided (e.g. if the application is on behalf of multiple organisations) the business hours for all locations can be compiled in an upload document.

Current area of need status	☐ **Details of any known Area of Need Declaration(s) that are currently in place for the proposed location(s) and specialty service**
	
	e.g. soon to expire declarations
	
	    ☐ AoN declaration number
	    ☐ AoN declaration expiry date
	
	☐ **Is the purpose of this application solely to support currently contracted doctors who already hold *Limited Registration for Area of Need* or a valid 19AB exemption? Yes/No**
	
	Note: if the answer to this question is Yes, evidence of labour market testing (LMT)/advertising will not be required however details of the doctors requiring longer to complete their Australian qualifications must be provided and only these doctors can make use of an AoN Declaration resulting from this application.

Application section	Checklist
	☐ **If Yes (to the above question), the following details for the currently contracted doctor(s) will be required:** ☐ Name ☐ Ahpra registration number ☐ Expected date of Australian qualification / fellowship attainment ☐ Declaration number for AoN the doctor is currently using ☐ Evidence of course progression (to be uploaded as an attachment) e.g. a letter outlining the current course progress with any supporting documents such as a results statement or letter from the relevant college
Labour market testing	*Applications solely to support currently contracted doctors who already hold *Limited Registration for Area of Need* (as identified in previous section), will not be required to complete the LMT section and will proceed to the 'Additional Information' section **Position details** ☐ Position Title (as advertised) ☐ Copy of Job Description Form or Statement of Duties for vacant position(s) (to be uploaded as attachment)
Advertisement 1 - Relevant Medical College or Professional Body	**Advertisement 1 (relevant medical college or professional body)** ☐ Advertising forum name ☐ Start date ☐ End date ☐ Evidence of advertisement and proof of advertising date and duration (to be uploaded as attachments – 2 upload fields available) The following notes are relevant to both advertisements: • Ensure a minimum of 4 consecutive weeks (28 days) of advertising has taken place within the last 6 months. • Evidence of advertisement must include the content, preferably a copy of the advertisement when it was live. • Ensure the above evidence can be uploaded in 1 or 2 attachments (scan and save multiple documents into one attachment where possible).
Advertisement 2 - State / National	**Advertisement 2 (State / National)** ☐ Advertising forum name ☐ Start date of advertisement ☐ End date of advertisement ☐ Evidence of advertisement (to be added as an attachment) and proof of advertising date and duration (to be added as an attachment) Refer to guidance notes under Advertisement 1
Outcome of Labour Market Testing	**Labour market testing outcome - please prepare responses for:** ☐ **Did any Australian qualified doctors apply for the advertised vacancy? Yes/No** **If Yes:** ☐ Number of Australian qualified doctors who applied

Application section	Checklist
	☐ Were all the Australian qualified doctors offered employment? Yes/No 　☐ If No: Please provide a brief statement explaining why the Australian qualified doctor(s) were not offered employment ☐ Did any of the Australian qualified applicants decline an offer or withdraw their application? Yes/No 　☐ If Yes: Please provide a brief statement explaining the reason for which the doctor(s) declined or withdrew (without breaching confidentiality) ☐ **Did any doctors who will require *Limited Registration for Area of Need*, apply? Yes/No** 　☐ If Yes: Were any of these doctors offered a contract, subject to registration with the Medical Board of Australia? Yes/No
Additional information (optional)	This is an optional section for any additional information and/or documentation. ☐ **Additional comments (optional)** [750-character limit] ☐ **Additional Documentation (optional)** (5 additional upload fields to attach supporting documentation if required)
Declaration and submission	**No preparation is required for this section. At the end of your online application, you will be asked to sign the following declaration.** *By signing and submitting this application, I, the Employer, Authorised Agent or Authorised Delegate, confirm that all information provided in this application is true, correct and complete.* Applicants are required to sign electronically (using a mouse/touchscreen) at the end of the online application – these signatures are not expected to be perfect but will formally confirm the Applicant's declaration.

Once the application checklist has been completed you are ready to submit your online application by selecting the 'Apply' link published on the WA Area of Need website