



# Application to be a Local Medical Officer

The information provided in this form is required to assess your application for appointment as a LMO. If your application is refused the information will be referred to the LMO Registration Committee for review. In the event of an appeal, the information will be referred to the LMO Appeals Committee. In the event of inappropriate servicing or treatment, or unprofessional conduct, relevant information relating to the standard and/or level of treatment provided may be disclosed to the relevant State Government or Territory Registration Board or Professional Body.

Please use BLOCK letters

**Surname**

**Given names**

**Name of practice**

**Principal practice address**

  


Postcode

**Medicare Provider number (linked to your Principal Practice)**

**Phone number**

**Fax number**

**ABN number**

**Vocational Registration**

 No  Yes

	Qualifications	Date obtained	Institution
1.	.....	/ /	.....
2.	.....	/ /	.....
3.	.....	/ /	.....

**Practice**

 Full time  
 Part time - what are the total hours and total sessions per week?

 hrs p/w  sessions p/w

**Period in General Practice**

 years  months

**Period in Current Practice**

 years  months

**Have any limitations been imposed on your ability to practise or prescribe?**

 No  Yes - please specify limitations

  


**Are you principally employed as a General Practitioner Trainee?**

 No  Yes

**Are you principally employed by a: Deputising Service?**

 No  Yes - name of Deputising Service

**Hospital?**

 No  Yes - name of Hospital

**Do you visit patients at their home or place of residence?**

 No  Yes

**Are home visits provided by your practice?**

 No  Yes

**Declaration**

I hereby apply to be a Local Medical Officer. I hereby acknowledge that I have read, understood and agree to the terms and conditions, including fees and treatment of Repatriation patients, relating to the comprehensive care elements of the Local Medical Officer Scheme, as administered on behalf of the Repatriation Commission by the Department of Veterans' Affairs, and set out in the latest dated 'Notes for LMOs' and as amended from time to time.

For more information, refer to:

<http://www.dva.gov.au/health/provider/lmo/lmoindex.htm>

**Signature of applicant**

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If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

Include:

- the time actually spent reading the instructions, working on the questions and obtaining the information
- the time spent by all employees in collecting and providing this information.

 hrs  mins