

**A: Personal Details**

First Name/s:		Surname	
College Fellowships (do not abbreviate)	<i>Example: Fellow of the Australian &amp; New Zealand College of Anaesthetists / Fellow of the Royal College of Anaesthetists</i>		
Medical Council Registration Status	<i>MCNZ Number: Example: General Registration / Vocational Registration in Anaesthesia</i>		
Specialty / sub-specialty of clinical practice	<i>Example: Obstetric / Cardiothoracic Anaesthesia</i>		

Status: [Double-click to check boxes.](#) (please mark **one**)

<input type="checkbox"/> Employee	<input type="checkbox"/> Locum	<input type="checkbox"/> Contractor
<input type="checkbox"/> Joint clinical	<input checked="" type="checkbox"/> Visiting specialist	<input type="checkbox"/> Honorary appointment

Employee number:	<i>N/A</i>
Post/s you hold with C&C DHB:	<i>Example: Specialist Anaesthetist</i>
Review appointment date:	

**B: Questions**

If you answer yes to any of questions 1 – 4 below, details need to be separately documented and attached to your application.

**Since the last credentialing review:**

- Has the New Zealand Medical Council, or any other Medical Registration body or equivalent, found you guilty in the past five years, or are you presently subject to proceedings concerning or similar to:
 

Disgraceful conduct in a professional respect; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional misconduct; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
Conduct unbecoming a medical practitioner	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Has the Medical Council of New Zealand ever investigated your competence to practice medicine, or are you the subject of a current Medical Council of New Zealand Competence review?
 

	Yes <input type="checkbox"/> No <input type="checkbox"/>
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- Has the Health and Disability Commissioner found you in breach of the Code of Health and Disability Consumers Rights?
 

	Yes <input type="checkbox"/> No <input type="checkbox"/>
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- Has the Health and Disability Commissioner investigated any complaint against you in the last 2 years?
 

	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. Has an employer taken any disciplinary action against you? Yes  No
6. Are there any outstanding complaints about your practice or competence by a registration body or professional body or employer not covered by the above questions? Yes  No
7. Are you currently subject to any criminal charges? Yes  No
8. Have you been convicted of a criminal offence punishable by imprisonment of three months or longer? Yes  No
9. Do you have any health condition that could impact on your ability to undertake your position? Yes  No
10. Have you undergone a police child safety check/vetting in the last 12 months. (Vulnerable Children Act)

**C: Reviewed C&C DHB Statement of Specific Clinical Responsibilities**

Statement	<i>Can observe / participate in all aspects of Anaesthesia &amp; Pain Management but is not expected to have primary responsibility.</i>
Restrictions	<i>No absolute restrictions apply. Will be under the supervision of a C&amp;CDHB Anaesthetic SMO.</i>

No remuneration will be provided by C&CDHB for the sabbatical visit.

**D. Job & Professional Documentation**

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Current posts or roles you have with other employers / places of work (including private practice):

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If in clinical practice elsewhere, list any regular subspecialty lists and if present restrictions regarding credentialing.

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Additional personal information that helps describe your current practice, including membership of medical and specialist societies:

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Enter expiry dates. Evidence in support of the following should be available to be sighted.

Current Annual Practising Certificate valid until .....

Current Medical Protection Society Certificate valid until .....

Participation in MCNZ recognised CPD programme with accrual of credits at an appropriate rate  
(please detail) .....

Other time-limited certification (please detail) .....

Comments regarding documentation:
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**E: Declaration**

I ..... (full name of applicant) declare that the information I have provided in this application is true, complete and correct.

Signed: ..... Date: .....

**F: Reviewed By**

I have interviewed ..... and approve the application to work as a visiting anaesthetist at CCDHB under the supervision of an appropriately qualified CCDHB employed Specialist Anaesthetist.  
Period covered: .....  
Supervising Specialist: .....

Name: ..... Position: .....

Signed: ..... Date: .....

