PRIVATE HOSPITAL STREAM (PHS) EXPRESSION OF INTEREST (EOI) FOR INTERNSHIP FORM

This EOI process opens at 9.00am (AEST) on Thursday 19 September 2019 and closes at 5.00pm (AEST) on Friday 4 October 2019.

This form must be completed in full and emailed to PHS2020@health.gov.au. Incomplete EOI will not be accepted. EOI forms received by the Department of Health (the Department) after 5pm (AEST) on Friday 4 October 2019 will not be accepted.¹

Please ensure that your EOI is complete and accurate and that you have completed and dated the Declaration (Attachment A). It is preferable for you to type your full name in the signature line of the Declaration and submit the EOI electronically to PHS2020@health.gov.au.

Participating in the PHS

Private hospitals will prioritise international full fee paying medical graduates from onshore Australian medical schools (Priority One). Should these places not be filled, private hospitals may then recruit other eligible applicants from the Private Hospital Stream EOI (Priority Two).

Eligibility

Priority One category will be allocated to final year medical students who are eligible for an internship under the PHS. Final year medical students must meet the following eligibility criteria to be considered:

- be a full-fee paying international student completing their medical degree during the current calendar year from an onshore medical school in Australia, having completed all of their medical degree in Australia (short-term elective rotations completed offshore will not exclude applicants, provided rotations have university approval); and
- have met the Medical Board of Australia (MBA) English language proficiency requirements for registration purposes (provisional registration as a medical practitioner cannot be obtained without meeting this standard); and
- not be an Australian Citizen; and
- commit to obtaining an appropriate visa to work in Australia during the internship year (refer to the Department of Home Affairs website for details http://www.homeaffairs.gov.au/).

Priority Two category will be considered when the list of Priority One applicants is exhausted and there are vacant PHS internship positions available. Priority Two applicants must meet the following eligibility criteria to be considered:

- have met MBA provisional registration requirements as a medical practitioner; and
- have met the MBA English language proficiency requirements for registration purposes (provisional registration as a medical practitioner cannot be obtained without meeting this standard); and

¹ After this point, the Department will not be directly involved in any further identification or selection of interns by hospitals participating in the PHS 2020. Offers of PHS 2020 intern places by participating hospitals may continue until all places are filled, though this will not be coordinated by the Department.
• commit to obtaining an appropriate visa to work in Australia during the internship year (refer to the Department of Home Affairs website for details http://www.homeaffairs.gov.au/).

**Applicants who do not meet the eligibility criteria will be deemed ineligible.**

You are **not** eligible for a PHS internship if you have already been offered an internship position from a state or territory for 2020, and this offer is available at the time of applying for a PHS internship under this EOI.

Please note that if you apply to participate in the PHS you are not guaranteed an internship position with a hospital. Final employment decisions are a matter for each participating hospital.

The Department will gather intern EOIs in the first instance, and provide this information to participating hospitals for matching intern placements and ensuring eligibility requirements are met.

You are also required to sign and complete the declaration form at **Attachment A**.

By providing the data below, you are agreeing that your information can be shared with state and territory governments, participating hospitals, universities and other Commonwealth Government departments for the purpose of administering national internship offers, eligibility checks, allocations and conducting research.
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<tr>
<th><strong>Title:</strong></th>
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<tbody>
<tr>
<td><strong>Family name:</strong></td>
<td>(as it appears on your current passport)</td>
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<td><strong>Given name:</strong></td>
<td>(as it appears on your current passport)</td>
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<td><strong>Name you are known as/preferred name:</strong></td>
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<td><strong>Gender:</strong></td>
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<td><strong>Date of birth:</strong></td>
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<td><strong>Nationality:</strong></td>
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**Priority One:** are you a full-fee paying international student from an onshore medical school in Australia?  
Yes / No

**Priority Two:** are you a medical graduate eligible for provisional registration?  
Yes / No

**University from which you will obtain your medical degree:**  

**Date/year you commenced your medical degree in Australia (attach documentation from your university verifying date):**  

**Date/year you will complete (or completed) your medical degree in Australia:**  

**Medical degree - Title of Qualification:**  

**Your Intern Placement Number (as provided to you by your medical school):**  

**Email address/es:**  

**Your current mailing address:**  

**Your current Mobile number:**  

**Your current Landline number:**  

**Referee details (optional):**  

**Preferred region in Australia for internship (optional):**  

**Topic/s of interest for internship - in no more than 100 words (optional):**  

Attachment A - Declaration

You must read the following statements and sign the declaration below to indicate acceptance and confirm that you meet the eligibility requirements listed on Page 1 of this Private Hospital Stream Expression of Interest Form for Internship.

I, ........................................................................................................ (insert your full name)

1. Attest that I am eligible for the Private Hospital Stream for 2020 as specified on Page 1 of this Private Hospital Stream Expression of Interest for Internship Form.

2. Consent to the Department of Health collecting sensitive personal information (for example, your nationality) for the purposes indicated above.

I declare that to the best of my knowledge the information I have given on this form is correct. I understand that giving false or misleading information is a serious offence.

Your signature*: ……………………………………………………………….

*Type your full name if submitting electronically

Date: …………………………………………………………………………

IMPORTANT INFORMATION - Privacy and your personal information

Your personal information is protected by law, including the Privacy Act 1988, and is being collected by the Australian Government Department of Health (the Department) for the purposes of determining eligibility for and administering the 2020 Private Hospital Stream. If you do not provide this information you may be ineligible to receive a 2020 Private Hospital Stream internship place.

The Department may disclose all applicant information on this form to state and territory health departments, participating hospitals, universities, medical regulatory authorities and the Commonwealth Department of Home Affairs. The Department is unlikely to disclose your personal information to overseas recipients.

You can get more information about the way in which the Department will manage your personal information, including the Department of Health's Privacy Policy. You can obtain a copy of the Privacy Policy by contacting the Department by telephone on (02) 6289 1555, freecall on 1800 020 103 or by using the online enquiries form at www.health.gov.au. The Privacy Policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles, which regulate the handling of personal information by Australian government agencies.