

**FORM A**  
**Statement by medical practitioner employed or engaged**  
**by public health organisation**

I, \_\_\_\_\_ (MPO number) \_\_\_\_\_ state that  
*[insert full name]*

for the period \_\_\_\_\_ to \_\_\_\_\_,  
*[insert period of employment or engagement by public health organisation]*

I was employed or engaged by \_\_\_\_\_  
*[insert name of public health organisation]*

as:

*Please tick the relevant section if you were employed or engaged by a PHO at any time during the return period (ie, the period of 12 months ending two months prior to your due date):*

- A salaried medical practitioner not exercising any rights of private practice (e.g. Medical Officers, Career Medical Officers, Staff Specialists Level 1)**

If you have ticked this box, you will need to provide to the Board a copy of your letter of appointment or engagement from the public health organisation along with this statement.

Alternatively, if you do not have a copy of your letter of appointment or engagement, you will need to attach form B (certified by your employing public health organisation) to this statement.

- A Staff Specialist Level 2-5 or Scheme D**

If you have ticked this box, you will need to provide to the Board a copy of your letter of appointment or engagement from the public health organisation along with this statement.

Alternatively, if you do not have a copy of your letter of appointment or engagement, you will need to attach form B (certified by your employing public health organisation) to this statement.

If you exercise your rights of private practice as a staff specialist, please indicate if you also hold a Contract of Liability Coverage with the public health organisation for:

- the treatment of private patients in rural public hospitals *[tick if applicable]*  
 treatment of private paediatric patients in public health organisations *[tick if applicable]*

If you have ticked either of these boxes, you will also need to provide to the Board a copy of your Contract of Liability Coverage with the public health organisation along with this statement.

Alternatively, if you do not have a copy of your Contract of Liability Coverage, you will need to attach form B (certified by your employing public health organisation) to this statement.

Note – If you treat categories of private patients for which you do not hold a Contract of Liability Coverage you must hold approved professional indemnity insurance in respect of such work, and must provide the Board with a copy of a certificate or policy of insurance. You will need to obtain this documentation from your medical defence organisation.

**A Visiting Medical Officer**

If you have ticked this box, please indicate if you held at any time during the return period a Contract of Liability Coverage with the public health organisation in one of the following categories:

- VMO/HMO Contract of Liability Coverage for public patients only *[tick if applicable]*;
- Rural VMO/HMO Contract of Liability Coverage (including private inpatient indemnity cover) *[tick if applicable]*
- Rural VMO Contract of Liability Coverage (including private inpatient and non-inpatient indemnity cover) *[tick if applicable]*
- VMO/HMO Contract of Liability Coverage for private paediatric inpatients *[tick if applicable]*

If you have ticked one of these boxes, you will also need to provide to the Board a copy of your Contract of Liability Coverage with the public health organisation along with this statement.

Alternatively, if you do not have a copy of your Contract of Liability Coverage, you will need to attach form B (certified by your employing public health organisation) to this statement.

Note – If you treat categories of private patients for which you do not hold a Contract of Liability Coverage you must hold approved professional indemnity insurance in respect of such work, and must provide the Board with a copy of a certificate or policy of insurance. You will need to obtain this documentation from your medical defence organisation.

**A Clinical Academic**

If you have ticked this box, you will need to provide to the Board a copy of your letter of appointment or engagement from either your university or the public health organisation at which you perform clinical services to public patients along with this statement.

Alternatively, if you do not have a copy of your letter of appointment or engagement, you will need to attach form B (certified by your employing public health organisation) to this statement.

Note – If you treat private patients you must hold approved professional indemnity insurance in respect of such work, and must provide the Board with a copy of a certificate or policy of insurance. You will need to obtain this documentation from your medical defence organisation.

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(Signature of medical practitioner)

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(Date)