



## MEDICAL BOARD OF WESTERN AUSTRALIA

ABN: 25 271 541 367

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 PO Box 1437, Subiaco, Western Australia 6904  
 Telephone: + 61 8 6380 3500 Facsimile: + 61 8 9321 1744  
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 Website: [www.wa.medicalboard.com.au](http://www.wa.medicalboard.com.au)

### IMG Request for Interview Form

Please mail this completed form and the bank draft to the Medical Board of Western Australia, PO Box 1437, Subiaco WA 6904, Australia, or fax the completed form and credit card details.

#### Contact Details of International Medical Graduate ("IMG")

Name:	
Current country of Residence:	
Email:	
Phone:	

#### Potential Employment

Name of practice/hospital:	
Location:	
Position:	

#### Preferred Date and Time of Interview

Please refer to the Interview timetable available on [www.wa.medicalboard.com.au](http://www.wa.medicalboard.com.au) and select two different preferred dates for your pre-employment structured clinical interview ("Interview"). Please select dates at least 3-4 weeks in advance of completing the form to allow the Board time to appoint the Interview panel.

Day:	Day:
Date:	Date:
Time:	Time:
Any other relevant information:	

Please note that the Board may need to change the Interview times and availability depending on demand. This may mean that your preferred Interview date and time may not be available or may need to be changed up to 72 hours prior to the Interview.

#### Interview Format Requested:

Face-to-Face in Perth, Western Australia

**Outcome Report to be sent to:**

IMG	
Name:	
Address:	
Country:	
Email:	
Employer/recruiter/sponsor	
Name:	
Company name:	
Address:	
Country:	
Email:	

**SIGNATURE REQUIRED:**

I have read and agree to the following:

- The Interview will be conducted in accordance with the Medical Board of Western Australia’s (“the Board”) policy *Pre-employment Structured Clinical Interviews*.
- The cost of the Interview is AUD\$1400 (including GST) and must be paid to the Board prior to the interview being scheduled. Please make payment by completing the credit card information below or by overseas bank draft:
  - Made payable to Medical Board of Western Australia
  - In Australian dollars
  - Made payable at an Australian bank.

<u>PAYMENT BY CREDIT CARD (VISA, MASTERCARD)</u>			
Name on Card			
Card number	-	-	-
	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Expiry <span style="float: right;">-</span>

- Cancellation fees apply as follows:
  - No cancellation fee will apply if the Interview is cancelled by the IMG giving 5 or more working days notice prior to the day of the Interview - In these cases the Interview will be rescheduled or the money refunded.
  - If the interview is cancelled by the IMG giving less than 5 working days and greater than or equal to 72 hours notice, then 75% of fees will be reimbursed to the IMG (25% of the fees will be retained by the Board as a cancellation fee).;
  - If the IMG provides less than 72 hours notice of a cancellation, then the full costs of the interview will be incurred as a cancellation fee and no fees will be reimbursed to the IMG.
- The Interview will be only one of a range of factors taken into consideration by the Board when determining the suitability of the IMG for registration.
- The Interview will be recorded.
- The Interview Outcome Report advising the result of the Interview will be sent to the IMG and the employer/sponsor/recruiter of the IMG.
- When attending the Interview please bring your passport for identification purposes.

**Signature:** \_\_\_\_\_