

Medical Intern Recruitment – Change in Personal Circumstances Application Form 2024 Clinical Year

SECTION A: Applicant Details

Legal First Name:	Legal Middle Name:	Legal Last Name:
Priority Category		
Suburb of Residence:	State:	Post Code:

Important Note

*Please read the Extenuating Circumstances and Change in Personal Circumstances Procedure published on the HETI website before completing this application form.

*This form must be completed for consideration of any change in personal circumstances that arise following the close of applications. To apply for change in personal circumstances, you must have made a valid online application through the NSW Health Careers Portal for the 2024 clinical year.

****Extenuating circumstances known to you at the time of making your online application will not be considered as a change in personal circumstances. If circumstances are known to you during the application process that you wish to apply for, then you will complete the extenuating circumstances application form.***

*The information you provide in your change in personal circumstances application will outline how your circumstances has changed since closing of applications.

*If you have previously applied as a joint applicant then your application will be unpaired. This is because your joint partner does not automatically receive an offer/ get a change in network with you should your change in personal circumstances be approved.

*If you have previously applied as a job share applicant then you may be required to consider job sharing with another suitable applicant. This is because your job share partner does not automatically receive an offer and/or gain a change in network with you should your change in personal circumstances be approved.

*If your application requires you to complete you internship part time then you may be requested to consider job sharing with another suitable applicant.

SECTION B: Application Criteria and Responses

(Please note that all questions are mandatory in Section B. If there is insufficient space in any of the relevant sections, then a separate document can be attached to this application form. Please ensure all answers are computer typed [if handwritten, then your answers must be legible].

Question 1

Criteria under which an applicant can apply for a **change in personal circumstances**. Please tick the criterion/criteria that you are applying under.

<input type="checkbox"/>	Criterion 1 The applicant requires ongoing highly specialised medical treatment and/or
<input type="checkbox"/>	Criterion 2 Separation of the applicant from their dependent/s during prevocational training would have a significant negative impact on the functioning of the applicant and/or their dependent/s, and/or
<input type="checkbox"/>	Criterion 3 The applicant will be going through a significant life event during prevocational training that would have a negative impact on the applicant and/or their dependent/s and/or
<input type="checkbox"/>	Criterion 4 The applicant has a disability with specific access requirements.

Question 2

Please explain your **change in personal circumstances** in detail and how this relates to the criterion/criteria you have selected above in Question 1.

This may include information around current arrangements and support structures in place, and those that will be available or that you will require during your prevocational training.

Please attach any supporting documentary evidence in relation to the criterion/criteria that has been selected.

Question 3

Have you accepted a prevocational training position in NSW for the 2024 clinical year? If so, at which network?

Please explain in detail how a change to one or more of the other hospital networks will assist and help you to manage your change in personal circumstances. Please list these hospital networks in priority order.

Question 4

What personal impact would it have on you if your application for change in personal circumstances was not supported?

SECTION C: Applicant Declaration

Please indicate your understanding and agreement with the HETI Extenuating Circumstances and Change in Personal Circumstances Procedure by completing the below.

Yes	N/A	
<input type="checkbox"/>		I have read and understood HETI's Extenuating Circumstances and Change in Personal Circumstances Procedure in its entirety and sought clarification if needed.
<input type="checkbox"/>		I have completed all mandatory sections of this form and provided evidence to support my application for change in personal circumstances against the criteria/s.
<input type="checkbox"/>		I declare that the circumstances under which I am applying for was not known to me at the time of making my online application.
<input type="checkbox"/>		Copies of all original supporting documents have been certified in accordance with HETI certification requirements and provided with my change in personal circumstances application.
<input type="checkbox"/>		I understand that if I am granted change in personal circumstances, this does not allow me to change my network preference.
<input type="checkbox"/>		I understand that if I am granted change in personal circumstances, I am not guaranteed to receive a position in the network of my first preference or at a network of my choice.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that If I am granted change in personal circumstances as an applicant in one of the lower categories of the NSW Health Priority List then there is no guarantee of an offer, and that it doesn't guarantee an equivalent or higher preference than would have otherwise been allocated.
<input type="checkbox"/>		I understand and accept that the outcome following consideration of my change in personal circumstances application by the Medical Director and an independent reviewer will be final and no further appeals will be accepted.
Joint, Job share and part time applicants only		
Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that if my change in personal circumstances requires me to complete my internship part time then I may be requested to consider job sharing with another suitable applicant.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that if I have previously applied as a joint applicant then my application will be unpaired. This is because my joint partner does not automatically receive an offer and/or get a change in network with me should my change in personal circumstances be approved.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that if I have previously applied as a job share applicant then I may be required to consider job sharing with another suitable applicant. This is because my job share partner does not automatically receive an offer and/or get a change in network with me should my change in personal circumstances be approved.



Print full legal Name:	
Signature:	
Date - (dd/mm/yyyy):	

Please contact HETI on (02) 9844 6562 or HETI-Internship@health.nsw.gov.au with any enquiries regarding medical intern recruitment in NSW