

Please enclose a  
recent Passport  
Sized Photograph,  
with your name  
written clearly on  
the reverse side.

**WORKING IN AUSTRALIA - REGISTRATION FORM**

**PERSONAL DETAILS**

Title: ..... Surname: .....

Forenames: .....

Profession: ..... Date of Birth: ..... / ..... / ..... Sex: Male / Female

Contact Address: .....

..... Post Code: .....

Home Telephone No. : ..... Mobile: .....

**Email Address:** .....

Do you monitor your email frequently? YES / NO

Would you like us to use email as our normal means of contact for general news? YES / NO

**Do you have an Australian Tax File Number:** \_ \_ \_ / \_ \_ \_ / \_ \_ \_

**NEXT OF KIN DETAILS**

Title: ..... First Names: ..... Surname: .....

Address: .....

.....

Relationship: ..... Contact Number: .....

**PROOF OF IDENTITY**

Nationality: ..... Passport Number: .....

Are you an Australian Resident or Citizen? YES / NO

Are you traveling on an Australian Working Holiday Visa? YES / NO

If none of the above, why do you have a right to work in Australia? .....

.....

**To validate your proof of identity, you will need to enclose certified copies of....**

(Must be certified by a Justice of the Peace, a Police Officer, a Bank Official or a Commissioner of Oaths.)

- **Your passport photo page.**
- **Visa or work permit pertaining to your presence in Australia.**
- **A utility bill of less than three months old and addressed in your name.**

**If you do not understand any of the above, please explain why you have a Right To Work in Australia and supply copies of any relevant paperwork.**

**AVAILABILITY**

When do you arrive in Australia? .....

Dates Available for Locum Work (if known): .....

In which parts of the Australia are you prepared to work: .....

Type of Work Preferred: Full Time / Part Time / Weekends / Public Holidays

Other: .....

How long do you intend to stay in Australia? .....

If available, would you require accommodation? YES / NO

Do you hold an acceptable Australian Driving Licence? (UK / NZ Licence acceptable) YES / NO

Do you have your own Transport available? YES / NO

Any additional information regarding Placements: .....

**LANGUAGE SKILLS**

Is English your first language? YES / NO

If not, are you proficient in the use of the English language? YES / NO

Other Languages Spoken. .... Level of Fluency. ....

Other Languages Spoken. .... Level of Fluency. ....

**AUSTRALIAN BANK DETAILS**

If you do not have an Australian bank account would you like assistance in setting one up? YES / NO

Account Name: .....

BSB Code: ..... (Six digits in format XXX-XXX) Account Number: .....

Name of Bank: .....

Bank Address: ..... Post Code: .....

**PROFESSIONAL EXPERIENCE**

(Please indicate which examinations you are able to perform)

Abdomen	<input type="checkbox"/>	1st Trimester Pregnancy	<input type="checkbox"/>
Pelvic	<input type="checkbox"/>	Nuchal Translucency (must have certification)	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	2nd Trimester Pregnancy (Morphology)	<input type="checkbox"/>
Small Parts	<input type="checkbox"/>	3rd Trimester Pregnancy	<input type="checkbox"/>
MSK	<input type="checkbox"/>	Intermediate Vascular (Leg Arteries, Renal Arteries)	<input type="checkbox"/>
Carotid	<input type="checkbox"/>	Paediatrics (Neonatal Brain, Hips, Pyloric Stenosis)	<input type="checkbox"/>
DVT	<input type="checkbox"/>	Advanced Vascular (CVI, Arterial-Venous Fistula)	<input type="checkbox"/>
Echocardiography	<input type="checkbox"/>		

**QUALIFICATIONS** (Please submit certified copies of all Certificates and Registrations).

University / Institution	Qualification	Date Obtained
.....	.....	.....
.....	.....	.....
.....	.....	.....

**REGISTRATIONS**

**Australian Institute of Radiography (AIR)**

Registered Name: ..... Registration Number: ..... Valid Until: .....

**Australasian Sonographer Accreditation Registry (ASAR)**

Registered Name: ..... Registration Number: ..... Valid Until: .....

**Professional Colleges, Societies, Unions.**

Name of Organisation	Type of Membership	Number	Renewal Date
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Please ensure you forward us copies of your Registrations annually.**

**ADDITIONAL SKILLS & QUALIFICATIONS**

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 .....  
 .....

**WORK HISTORY** (Most recent first).

**Current or Most Recent Employer:** .....

.....

Clinical Experience: .....

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.....

.....

From: ..... To: ..... Reason for Leaving: .....

**Name & Address of Employer:** .....

.....

Clinical Experience: .....

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From: ..... To: ..... Reason for Leaving: .....

**Please continue on a separate sheet if necessary.**

**REFERENCES**

**PLEASE GIVE THE NAME AND ADDRESS DETAILS OF TWO WORK REFEREES AND ASK THEM TO COMPLETE THE ENCLOSED REFERENCE SHEET, WHERE POSSIBLE.**

Name: ..... Telephone: .....

Title: .....

Address: .....

.....

..... Post Code: .....

Name: ..... Telephone: .....

Title: .....

Address: .....

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..... Post Code: .....

## CPD DECLARATION FORM

Continuing Professional Development (CPD) is the corner stone of any policy to ensure Practitioners maintain their competence to practice.

At **SONOGRAPHERS Medical Australia Pty Ltd**, we strongly believe that every locum should keep a detailed CPD portfolio as a permanent record of their activities. Please complete this form as fully as possible. Wherever possible supply a copy of any certificate awarded. If these items are digitally stored already, please email them to us at [staffing@sonographersmedical.com.au](mailto:staffing@sonographersmedical.com.au).

**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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**Please continue on a separate sheet if necessary.**  
**Remember to send us annual updates of your CPD activities and State registration.**

**ADDITIONAL INFORMATION**

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**PRIVACY RELEASE**

In order for **SONOGRAPHERS Medical Australia Pty Ltd** to fulfill client requests for reference checks we will verify all documentation where necessary. This includes verifying your qualifications with the appropriate university or training organisation as well as contacting nominated referees. To adhere to appropriate privacy acts, please indicate your consent preferences. If you do not wish your referees to be contacted until a later date, please let us know.

Do you consent to **SONOGRAPHERS Medical Australia** verifying your qualifications? YES / NO

Do you consent to **SONOGRAPHERS Medical Australia** contacting your named referees? YES / NO

**DECLARATION** (Please sign before returning).

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. Furthermore, I am not aware of any condition, medical or otherwise, which could limit or affect my employment or performance. I agree that if I have given false or misleading information, or have omitted to provide relevant information, this may result in termination of assignment with out notice, as well as a claim for recovery of all payments I have received, together with a claim for loss of profits to **SONOGRAPHERS Medical (UK)** or **SONOGRAPHERS Medical Australia Pty Ltd**.

I hereby consent to **SONOGRAPHERS Medical Australia Pty Ltd** contacting my named referees and verifying my qualifications by contacting the relevant university or training organization according to my preferences above.

I acknowledge that I have read and signed the Terms of Engagement for Temporary Workers issued by **SONOGRAPHERS Medical Australia Pty Ltd**, a copy of which is enclosed, and that I agree to abide by the Terms throughout my employment.

**Please Print Full Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send this form together with the required documentation to:**

**SONOGRAPHERS Medical Australia Pty Ltd, PO Box 7526, Toowoomba South, Qld 4350 Australia**

**Please ensure you apply the correct postage to avoid any delay in reaching our offices.**

**You may email electronic copies of your certificates and CV to:**

**[staffing@sonographersmedical.com.au](mailto:staffing@sonographersmedical.com.au)**

## **TERMS OF ENGAGEMENT FOR TEMPORARY OR PERMANENT STAFF**

### **1. DEFINITIONS**

1.1. In these Terms of Engagement the following definitions apply:-

- “Agency”** means the company as **SONOGRAPHERS Medical Australia Pty Ltd** of PO Box 7526, Toowoomba South, Queensland 4350, Australia;
- “Assignment”** means the period during which the Temporary Worker is supplied to render services to the Client;
- “Client”** means the person, firm or corporate body together with any Related Entity to whom the Locum Worker is supplied;
- "Related Entity"** as the same meaning given to it as in the Corporations Act 2001.
- “Temporary Worker”** means the individual whose services are supplied by the Agency to the Client on a temporary or permanent basis.

1.2. Unless the context otherwise requires, references to the singular include the plural and references to the masculine include the feminine and vice versa.

1.3. The headings contained in these Terms are for convenience only and do not affect their interpretation.

### **2. THE CONTRACT**

- 2.1. These Terms constitute a contract for services between the Agency and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Agency and the Temporary Worker between Assignments.
- 2.2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Agency and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although the Agency may be required to make statutory deductions from his remuneration in accordance with clause 4.1.
- 2.3. No variation or alteration of these Terms shall be valid unless approved by the Agency in writing.

### **3. ASSIGNMENTS**

- 3.1. The Agency will endeavour to obtain suitable Assignments for the Temporary Worker to work as a Sonographer or Radiographer.
- 3.2. The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available and agrees: that suitability shall be determined solely by the Employment Business; and that the Agency shall incur no liability to the Temporary Worker should it fail to offer opportunities to work in the above category or in any other category.
- 3.3. For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period shall be the date on which the Temporary Worker commences the first Assignment.
- 3.4. If during the course of an Assignment, or within 3 months after the end of an Assignment, the Client wishes to employ the Temporary Worker direct, the Temporary Worker acknowledges that the Agency will be entitled either to charge the Client an introduction fee or to agree an extension of the hiring period with the Client at the end of which the Temporary Worker may be employed direct by the Client without further charge to the Client.

**We suggest you photocopy this form before returning it to us.**

#### **4. REMUNERATION**

- 4.1. The Agency, or Client, shall pay to the Temporary Worker remuneration calculated on an hourly rate, whereby the actual rate will be notified on a per Assignment basis, for each hour worked during an Assignment (to the nearest quarter hour) to be paid weekly in arrears, subject to deductions, where applicable, in respect of Income Tax, Superannuation Contributions and any other deductions which the Agency, or Client, may be required by law to make.
- 4.2. Subject to any statutory entitlement under the relevant legislation, the Temporary Worker is not entitled to receive payment from the Agency or Clients for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

#### **5. TIME SHEETS**

- 5.1. Temporary Workers employed directly by the Agency must have the Agency's time sheet signed at the end of each week of an Assignment (or at the end of the Assignment where it is completed before the end of a week) by the Client verifying the number of hours worked during that week.
- 5.2. Failure to submit a signed time sheet before Monday morning following the week worked may delay payment for those hours. Time sheets can be posted, emailed or faxed provided that the original copies are posted for processing.

#### **6. CONDUCT OF ASSIGNMENTS**

- 6.1. The Temporary Worker is not obliged to accept any Assignment offered by the Agency but if he does so, during every Assignment and afterwards where appropriate, he will:-
  - a) co-operate with the Client's reasonable instructions and accept the direction, supervision and control of any responsible person in the Client's Organisation;
  - b) observe any relevant rules and regulations of the Client's establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain;
  - c) take all reasonable steps to safeguard his own health and safety and that of any other person who may be present or be affected by his actions on the Assignment and comply with the Health and Safety policies and procedures of the Client;
  - d) not engage in any conduct detrimental to the interests of the Client;
  - e) not at any time divulge to any person, nor use for his own or any other person's benefit, any confidential information relating to the Client's or the Agency's employees, business affairs, transactions or finances.
- 6.2. If the Temporary Worker is unable for any reason to attend work during the course of an Assignment he should inform the Client or the Agency within one hour of the commencement of the Assignment or shift.

**We suggest you photocopy this form before returning it to us.**

**7. TERMINATION**

- 7.1. The Agency or the Client may, without prior notice or liability, terminate the Temporary Worker's Assignment at any time.
- 7.2. The Temporary Worker may terminate an Assignment at any time without prior notice or liability.
- 7.3. If the Temporary Worker does not inform the client or the Agency [in accordance with clause 6.2] should they be unable to attend work during the course of an assignment this will be treated as termination of the assignment by the Temporary Worker in accordance with clause 7.2 unless the Temporary Worker can show that exceptional circumstances prevented him from complying with clause 6.2.
- 7.4. If the Temporary Worker is absent during the course of an assignment and the contract has not been otherwise terminated the Agency will be entitled to terminate the contract in accordance with clause 7.1 if the work to which the absent worker was assigned is no longer available for the Temporary Worker.
- 7.5. If the Temporary Worker does not report to the Agency to notify his availability for work for a period of three weeks, the Agency will forward the PAYG payment summary to the last known address.

**8. LAW**

- 8.1. These Terms of Business are governed by the law of Queensland, Australia and the parties submit to the non-exclusive jurisdiction of the Courts of Queensland.

**Please Print Full Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We suggest you photocopy this form before returning it to us.**

**PROFESSIONAL REFERENCE**

Reference For. ....  
Position Held. ....  
Period of Employment. ....  
Reason for Leaving. (If known) .....

**PLEASE COMMENT ON THIS PRACTITIONER:**

Professional abilities. ....  
Professional knowledge. ....  
Ability to work unsupervised. ....  
Willingness to learn. ....  
Willingness to teach. ....  
Relationship with colleagues. ....  
Relationship with patients. ....  
Reliability. ....  
Honesty. ....  
Punctuality. ....  
General Appearance. ....  
Would you re-employ this Practitioner ? .....

Would you like to make any further comments

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**Name of Referee:** ..... **Date:** ..... / ..... / .....  
**Hospital:** .....  
**Position:** .....  
**Contact Number:** ..... **Signed:** .....

**Note: A copy of this Reference may be forwarded to any prospective employer of the Practitioner.**

**PROFESSIONAL REFERENCE**

Reference For. ....  
Position Held. ....  
Period of Employment. ....  
Reason for Leaving. (If known) .....

**PLEASE COMMENT ON THIS PRACTITIONER:**

Professional abilities. ....  
Professional knowledge. ....  
Ability to work unsupervised. ....  
Willingness to learn. ....  
Willingness to teach. ....  
Relationship with colleagues. ....  
Relationship with patients. ....  
Reliability. ....  
Honesty. ....  
Punctuality. ....  
General Appearance. ....  
Would you re-employ this Practitioner ? .....

Would you like to make any further comments

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**Name of Referee:** ..... **Date:** ..... / ..... / .....

**Hospital:** .....

**Position:** .....

**Contact Number:** ..... **Signed:** .....

**Note: A copy of this Reference may be forwarded to any prospective employer of the Practitioner.**

**ADDITIONAL CPD DETAILS**

**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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**Date:** ..... **Organiser:** .....

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**CPD Title:** .....

**Date:** ..... **Organiser:** .....

**Reflective comments on learning experience and/or relevance to working practice:** .....

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## SONOGRAPHERS MEDICAL AUSTRALIA

**SONOGRAPHERS Medical Australia Pty Ltd** as a recruitment agency will assist people seeking work within Australia in preparing the appropriate paperwork and documents required to work as a Sonographer, Radiographer or other Allied Health professions. While working in Australia workers will be employees of either **SONOGRAPHERS Medical Australia Pty Ltd**, or will be direct employees of the Client.

From the United Kingdom **SONOGRAPHERS Medical** (UK) will refer all clients wishing to work in Australia to **SONOGRAPHERS Medical Australia Pty Ltd** to secure a position in their desired area.

**SONOGRAPHERS Medical** and **SONOGRAPHERS Medical Australia Pty Ltd** work together to ensure you get the best advice and service needed to work in Australia.

## DOCUMENTS

To work in Australia, we need to see certified copies of documentation to prove your Identity, your Home Address and your Right to Work in Australia.

It is vital that all documents you send are good quality photocopies of the originals and have been certified by a Justice of the Peace, a Police Officer, a Bank Official or a Commissioner of Oaths. In some cases, if they are unclear, we may be required to see the original versions.

A copy of your current Curriculum Vitae (CV) is also invaluable to us in finding placements. Prospective employers are emailed or faxed a copy of your CV and use this along with our recommendations to determine your suitability to fill a position. Your CV should be short and concise yet give clear and complete understanding of your qualifications, skills and experience. If you would like advice about writing your CV, please feel free to contact us for assistance.

Wherever possible please email a copy of your CV so we can forward to prospective employers and, as necessary, annual copies of your AIR, ASAR and other registrations.

## TIME SHEETS

Temporary Workers employed directly by the Agency must have an Agency's time sheet completed for each week you work. The Head of Department, or somebody that is authorised for the task, must sign each timesheet.

If you are a Temporary Worker and are being paid by **SONOGRAPHERS Medical Australia Pty Ltd** you will need to fax the time sheet through to our offices on the last day of the week, over the weekend or on the Monday morning following, so that your pay may be calculated with out delay. In either case, the original copy must be posted to us at your earliest convenience.

Whilst we do our best not to nag our staff for outstanding timesheets, we can not invoice the Client without the original forms. May we therefore take this opportunity of urging all locums to send us their time sheets as soon as possible. Replacement time sheets are sent with each pay slip, but if you ever run out of supplies, telephone our offices and we can fax one through to you.

## ABSENCE

If you are unable to attend a placement due to illness or some other reason, it is vital you inform the Client Contact person, "as if you were employed directly by them". Please also let us know at **SONOGRAPHERS Medical Australia Pty Ltd**. Since you have the first line contact with the Client, you are the best person to notify them of your absence.

## AUSTRALIAN TAXATION

All residents and temporary visitors are required to pay taxes on income earned in Australia. The Australian tax system uses a Tax File Number (TFN) which is similar to a UK National Insurance number. It is not compulsory to have a TFN however it is required by all employees if they want to avoid paying the higher default tax rate of 47% which applies if your employer is not supplied a TFN.

A TFN can be arranged once you arrive in Australia by visiting the Australian Taxation Office's web site at [www.ato.gov.au](http://www.ato.gov.au) and navigating to...[Individuals] - [Apply for a Tax File Number] - [Online Registration] then choosing ([Apply for a tax file number](#)).

Applying for a TFN should take about 20 minutes. You will be asked to enter details including your passport or travel document number, a postal address in Australia where your TFN can be sent, your legal name and other names you use or have used and contact details for yourself or your preferred contact person.

## COMPULSORY SUPERANNUATION

It is compulsory for all employers to pay a 9% superannuation contribution to an employee, unless the employee is a company such as a sole trader. This contribution is placed in a super fund of your choice, or in a super fund account in your name using your employer's fund.

As a temporary visitor or Working Holiday Maker these contributions can be claimed back once you have left Australia and your visa has expired. To do this you will need the superannuation fund details which can be obtained by your supplier and then visit [www.ato.gov.au](http://www.ato.gov.au) and following the links for [Online Services] - [For individuals] - [Temporary resident's online application] ([Temporary resident's online application](#))

## SOLE TRADER

**SONOGRAPHERS Medical** supports staff working through either the standard PAYG Withholding tax scheme or as a Sole Trader. A Sole Trader is much like a Limited Company without so many setup costs, and fees that are incurred with Limited Companies.

To become a Sole Trader you need to apply for an Australian Business Number (ABN) which allows for Gross income to be paid to you from which you receive a wage or salary. From this Gross income you are required to pay your own leave entitlements, Income tax and GST (if you exceed more than \$50,000 per tax year). As a Sole Trader you are not required to pay yourself superannuation so this becomes less of a hassle once you leave Australia.

Most large employers however will only pay using the PAYG Withholding tax scheme so this can be limiting. You can apply for an ABN at the Australian Business Registers website [www.abr.gov.au](http://www.abr.gov.au).

## WEB SITE

If you have not already done so, may we recommend that you check out our websites for both **SONOGRAPHERS Medical Australia Pty Ltd** and **SONOGRAPHERS Medical (UK)**. Our web sites not only include information for prospective locums, but also news for locums already employed.

Site production is an on-going task as the site evolves so you will notice many improvements and additions from time to time. If you have any comments, or would like to see something additional on the site, please let us know.

<http://www.sonographersmedical.com.au>

<http://www.sonographersmedical.co.uk>

## CHECK LIST

The information contained on pages 13 & 14 explain some of the processes and benefits **SONOGRAPHERS Medical Australia Pty Ltd** has to offer. These pages are for your records and do not need to be returned with this registration pack. Only the following documentation is required for us to process your registration.

Please ensure that all forms and documentation are signed and certified where applicable, and that you keep copies where necessary.

We suggest you send the relevant pages to us via registered mail. This protects your valuable information and ensures fast, reliable delivery.

Thank you for choosing to work in Australia with **SONOGRAPHERS Medical Australia Pty Ltd**.

- |                          |   |               |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Registration Form (with Photo ID attached)  | Pages 1 to 6  |
| <input type="checkbox"/> | Terms of Engagement for Temporary Workers   | Pages 7 to 9  |
| <input type="checkbox"/> | Two completed Professional Reference forms  | Pages 10 & 11 |
| <input type="checkbox"/> | Certified copy of your passport photo page  |               |
| <input type="checkbox"/> | Certified copy of your Visa or work permit pertaining to your presence in the Australia     |               |
| <input type="checkbox"/> | Certified copies of relevant Certificates & Professional Registrations                      |               |
| <input type="checkbox"/> | Copy of your current CV or Resume (send by email if possible)                               |               |
| <input type="checkbox"/> | A utility bill of less than three months old and addressed in your name as proof of address |               |

Once we receive the above registration pack we will contact you to advise we have received your registration pack and to clarify any questions you may have.

**Please send the required documentation to:**

**SONOGRAPHERS Medical Australia Pty Ltd, PO Box 7526, Toowoomba South, Qld 4350 Australia**

**Please ensure you apply the correct postage to avoid any delay in reaching our offices.**

**You may email electronic copies of your certificates and CV to:**  
**[staffing@sonographersmedical.com.au](mailto:staffing@sonographersmedical.com.au)**