



Government of **Western Australia**
Department of **Health**

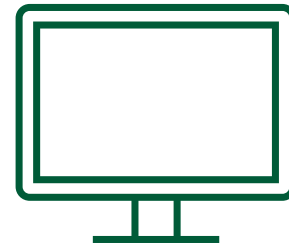
Medical Referee Application Form Instructions



Purpose

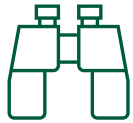


To provide instructions for medical practitioners wishing to become a Medical Referee



- This is a new process
- Screenshots are included

Contents



Finding the
form



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the form



Submitting
the form



Receiving
Approval

Prior to commencing your submission be sure to have all necessary documentation prepared as you cannot save and return to the form.

You will need to upload:

An application letter (1 page)

Your Curriculum Vitae

Evidence of AHPRA registration

Finding the electronic application form

1


To apply to become a Medical Referee go to:
https://redcap.link/Medical_Referee_Application

2

- Other ways to find the application link is via WA Health:
- <https://ww2.health.wa.gov.au/> and search for Medical referees
- OR
- Go directly to [Medical referees \(health.wa.gov.au\)](https://health.wa.gov.au/medical-referees)

The link to the electronic application form can be found under the heading, **“Who can be a Medical Referee?”**

Completing the form



Government of **Western Australia**
Department of **Health**

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Medical Referee Application Form

Office of the Chief Health Officer

A **medical referee** is defined as a medical practitioner appointed by the Governor to provide independent medical advice about the need to further examine the remains of a deceased person prior to cremation. This is defined in Section 8 of the *Cremation Act 1929* and the *Cremation Regulations 1954*.

PREREQUISITES

1. Registration as a medical practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)
2. Practising medical doctor for at least 5 years. These years do not need to be continuous.

INSTRUCTIONS FOR APPLICANTS

1. Complete the below form in its entirety and upload all necessary documents.
2. Include a 1-page letter addressed to the Governor and state your reasons for applying.
3. Attach a copy of your curriculum vitae and evidence of your medical registration from AHPRA.
4. An electronic version of your signature is required (for example, submitted as a JPEG file).

Please complete your application form and have the necessary documents ready for upload as you will not be able to save your form and return to it later.

All sections must be completed. Partial and Incomplete Applications will not be accepted.

Date D-M-Y

Applicant's Details

Salutation Dr	First Name <input type="text" value="Enter name"/>	Other name(s) <input type="text" value="Enter if applicable"/>	Surname <input type="text" value="Enter surname"/>
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Practice name
* must provide value Please enter the practice name

Street address of practice <input type="text"/>	Suburb <input type="text"/>	State WA	Postcode <input type="text"/>
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Phone number
(mobile OR area code and number; 10 digits)

Email address

- To apply, you will need the following information:
- ✓ Your details: Full name, email address, medical qualifications
 - ✓ Practice address and phone number (must be 10 digits with no spaces)
 - ✓ AHPRA registration number, type of registration, expiry date

Medical Qualifications

Applicants are required to be medical practitioners who have been practising medicine for at least 5 years.
The 5 years do not need to be consecutive.

Please confirm that you have been a medical practitioner for at least 5 years.
* must provide value Yes No [reset](#)

Medical qualifications
Degree(s), university, year of graduation

AHPRA number Registration type

Registration valid to: D-M-Y

Reason for application
Expand

Instructions continue on the next page



Completing the form

You will need to attach a copy of:

- ✓ Your CV
- ✓ AHPRA registration details
- ✓ A one page letter addressed to the Governor providing the reasons for your application

Please upload a copy of your current CV [Upload file](#)

Please upload your current CV

Please upload a copy of your current registration as a medical practitioner in Australia [Upload file](#)

* must provide value Please upload evidence of registration from AHPRA

Please upload 1 page application letter [Upload file](#)

* must provide value Please upload your 1 page application letter

Declaration and Signature

Applicant signature [Add signature](#) Date Today

D-M-Y

This form has been adapted with reference to the NSW Health: Application for appointment as a medical referee - Public Health Regulation 2022 form.

Submit

Once you have reviewed your application, please e-sign and date it

Submitting the form

Once complete, please press **Submit**

You will then be prompted to save a PDF of your application

Please download and save a copy for your records

Please upload a copy of your current CV [Upload file](#)
Please upload your current CV

Please upload a copy of your current registration as a medical practitioner in Australia [Upload file](#)
* must provide value Please upload evidence of registration from AHPRA

Please upload 1 page application letter [Upload file](#)
* must provide value Please upload your 1 page application letter

Declaration and Signature

Applicant signature [Add signature](#) Date Today
D-M-Y

This form has been adapted with reference to the NSW Health: Application for appointment as a medical referee - Public Health Regulation 2022 form.

Submit

Appointment process

Your application is reviewed by a delegate of the Chief Health Officer (CHO) to ensure your application is complete. If it is not, you will be notified.

If the documentation is adequate, then the application will progress through internal Departmental processes before it is sent to the Governor.

If your application is successful, you will be notified via the email address you have provided on your application in due course.

Alternatively, we will also contact you if there are any issues with your application or if it has not been approved.

Please see [Medical referees \(health.wa.gov.au\)](http://health.wa.gov.au) link for further details of the obligations of the appointment.

Any queries can be directed to EDPHWA@health.wa.gov.au

Thank you

