

Anatomical Pathology Registrar molecular pathology and tissue banking– 2010

Registrar Appointments for 2010

Name of Unit / Specialty: Anatomical Pathology
Head of Unit: Dr Peter Crowley
CSU / Department: Austin Pathology
Contact person for prospective applicants: Peter Crowley
Contact phone number for prospective applicants: 03 9496 5271
Contact email address for prospective applicants: peter.crowley@austin.org.au

Summary of position/unit:

The Department of Anatomical Pathology services Austin Health, Mercy Hospital for Women, and the Northern Hospital Epping with a full range of surgical pathology services with the exception of paediatric pathology. This position provides a component of Anatomical Pathology service activity (0.5) and involvement in the supervision of tissue banking activities and research (0.5). It has RCPA application for 1 year initially, followed by accreditation at 0.5 for each subsequent year the position is held. The position would suit a trainee in Anatomical Pathology who is post part I.

Details of any pre-requisites/preferences for candidates:

It is expected that candidates will be undertaking specialty training for RCPA fellowship in Anatomical Pathology.

Selection tips

Prospective candidates should apply in writing by email to Dr Peter Crowley, peter.crowley@austin.org.au. A detailed position description will be emailed on receipt of the electronic application.

Application Stages

See below for details

- Download this information pack and print out attached reference forms.
- Complete hospital application form online
- Ensure references reach Austin Health

Application Forms

Can only be completed online at www.austindoctors.org.au. Please follow the instructions and complete all stages. You may electronically attach a CV in addition to the compulsory application form.

References

Attached to this file is the reference form. You must print out three copies of this form and give one each to your referees. The referees must return the form to Austin Health by Friday 1st August 2009. Refer to the form for further instructions. It is the responsibility of the candidate to ensure that a minimum of 2 references reach Austin Health by the closing date. Please check with your referees to ensure they have completed the process. References are subject to audit.

Important Dates To Remember

Closing Date for applicants 1st August 2009
References due 1st August 2009

VICTORIAN PUBLIC HOSPITALS
HMO & Registrar – REFEREE ASSESSMENT FORM (Anatomical Path)

*This form may be used by Residents and Registrars applying to ANY Public Hospital in Victoria.
 Additional copies are available from any of the Hospitals listed on the back page.*

APPLICANT NAME **NAME OF REFEREE :**

POSITION/S APPLIED FOR: **CLOSING DATE** *List actual position, ie HMO 2 or Registrar, and Specialty/Stream ie Surgical. Do not list the Hospitals here. See over.*

INSTRUCTIONS TO APPLICANT :

1. **Three (3)** Referee Assessments are required. At least two (2) should be from Consultants. Registrars possible for one (1).
2. **Complete the above details in full**, prior to forwarding to your Referee, to ensure that this assessment is successfully matched to your application/s at the Hospitals.
3. As your Referee is to send the completed Form directly to the Hospital/s nominated by you overleaf, **tick on the back page, the Health Services** to whom you are applying and to whom the assessment is to reach.

INSTRUCTIONS TO REFEREE :

1. **Complete** the details below, rating the applicant according to the criteria by ticking the appropriate box, mindful of the applicant's ability expected at his/her particular level of training.
2. **Retain the original** Assessment until the end of the year (in the event of miss faxing or additional requests).
3. **Fax/mail a copy** of the **FRONT PAGE ONLY** to the Health Services nominated by the Applicant on the back.

	Requires substantial assistance	Requires further development	Performance just adequate	Performance consistent with level of experience	Performance better than expected	Performance exceptional
Service work						
Surgical cut up						
Autopsy skills						
Diagnostic Skills						
Professional judgement						
INTERPERSONAL SKILLS						
Communication Skills						
Ability to work as a Member of a Team						
Reliability & dependability						
ORGANISATION						
Application to work						
Organisation of work						

In what capacity did this person work for you ? For how long ?

Would you be prepared to have the applicant work with you again ? Please comment :

SIGNATURE OF REFEREE **POSITION:** **HOSPITAL :**

NOTE : This assessment has been communicated in confidence. However, it will be available to the appropriate Hospital Committees considering HMO appointments, and may be accessible via Freedom of Information .

DO NOT FAX / MAIL THIS PAGE

- Please Fax / Mail a copy of your Assessment (FRONT PAGE) to the following Health Services / Hospitals, selected by the Applicant.
- Please retain the original Assessment until the end of the year in the event of miss faxing or additional requests.

✓	HEALTH SERVICE	Incorporating	Address	Fax	Phone
<input type="checkbox"/>	ANGLISS HOSPITAL (Eastern Health) HMO Manager		Albert St UPPER FERNTREE GULLY 3156	9764 6399	9764 6138
<input type="checkbox"/>	AUSTIN HEALTH HMO Manager	Austin Hospital	Studley Rd HEIDELBERG 3084	9496 3148	9496 6813
<input type="checkbox"/>	BALLARAT HEALTH SERVICES HMO Manager	Ballarat Base Hospital	PO Box 577 BALLARAT 3350	5320 4554	53204279
<input type="checkbox"/>	BARWON HEALTH HMO Manager	Geelong Hospital	PO Box 281 GEELONG 3220	5226 7595	5226 7592
<input type="checkbox"/>	BAYSIDE HEALTH HMO Manager	The Alfred, Sandringham & Caulfield Hospitals	Commercial Road PRAHRAN 3181	92766046	9276 6050
<input type="checkbox"/>	BENDIGO HEATHCARE GROUP HMO Manager	The Bendigo Hospital	PO Box 126 BENDIGO 3552	5454 7555	5454 7556
<input type="checkbox"/>	BOX HILL HOSPITAL (Eastern Health) HMO Manager		Nelson Rd BOX HILL 3128	9895 3461	9895 3265
<input type="checkbox"/>	CENTRAL GIPPSLAND HEALTH SERVICE HMO Manager	Gippsland Base Hospital	155 Guthridge Pde SALE 3850	5143 8633	5143 8600 / 8700
<input type="checkbox"/>	ECHUCA REGIONAL HEALTH HMO Manager	Echuca Hospital	PO Box 25 ECHUCA 3564	5482 2800	5482 2800
<input type="checkbox"/>	GOULBURN VALLEY HEALTH HMO Manager	Goulburn Valley Base Hospital	Graham St SHEPPARTON 3630	5832 2394	5832 2739
<input type="checkbox"/>	LATROBE REGIONAL HOSPITAL HMO Manager		PO Box 424 TRARALGON 3844	5173 8444	5173 8000
<input type="checkbox"/>	MAROONDAH HOSPITAL (Eastern Health) HMO Manager		PO Box 135 RINGWOOD EAST 3135	9871 3310	9871 3352
<input type="checkbox"/>	MELBOURNE HEALTH HMO Manager	Royal Melbourne Hospital	Grattan St PARKVILLE 3052	9342 8388	9342 8749
<input type="checkbox"/>	MERCY HOSPITAL FOR WOMEN HMO Manager		126 Clarendon St EAST MELBOURNE 3002	9270 2443	9270 2759
<input type="checkbox"/>	MILDURA BASE HOSPITAL HMO Manager		PO Box 620 MILDURA 3502	5022 3234	5022 3478
<input type="checkbox"/>	NORTHERN HEALTH HMO Manager	The Northern Hospital	185 Cooper St EPPING 3076	8405 8032	8405 8209
<input type="checkbox"/>	NORTH EAST HEALTH SERVICE HMO Manager	Wangaratta Base Hospital	PO Box 386 WANGARATTA 3676	5722 0109	5722 0260
<input type="checkbox"/>	PENINSULA HEALTH HMO Manager	Frankston & Rosebud Hospitals, Mt Eliza Centre	PO Box 52 FRANKSTON 3199	9784 7639	9784 7725
<input type="checkbox"/>	PETER MACCALLUM CANCER CENTRE HMO Manager		St Andrew's Place EAST MELBOURNE	9654 8457	9596 1110
<input type="checkbox"/>	ROYAL CHILDREN'S HOSPITAL HMO Manager		Flemington Rd PARKVILLE 3052	9345 5868	9345 5144 / 36
<input type="checkbox"/>	ROYAL WOMEN'S HOSPITAL HMO Manager		132 Grattan St CARLTON 3053	9348 1840	9344 2000
<input type="checkbox"/>	SOUTHERN HEALTH HMO Manager	Monash Medical Centre, Dandenong & Berwick Hospitals	246 Clayton Rd CLAYTON 3168	9594 6116	9594 2459
<input type="checkbox"/>	SOUTH WEST HEALTHCARE HMO Manager	Warrnambool Base Hospital	Ryot St WARRNAMBOOL 3280	5563 1627	5563 1346
<input type="checkbox"/>	ST VINCENT'S HEALTH HMO Manager	St Vincent's, St Georges & Caritas Hospitals	41 Victoria Pde FITZROY 3065	9288 3324	9288 3304 / 2836
<input type="checkbox"/>	WERRIBEE MERCY HOSPITAL HMO Manager		300 Princes Highway WERRIBEE 3030	9216 8777	9216 8710
<input type="checkbox"/>	WESTERN DISTRICT HEALTH SERVICE HMO Manager	Hamilton Base Hospital	PO Box 283 HAMILTON 3300	5571 0219	5571 0388
<input type="checkbox"/>	WESTERN HEALTH HMO Manager	Western, Sunshine & Williamstown Hospitals	Private Bag FOOTSCRAY 3011	8345 6355	8345 6951

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