

Deferral of Bond/Return of Service Obligation Form

Medical Specialist Training

All information is held confidentially, only used for purpose provided

Personal Details		
First Name:	Surname:	Student Ref. No/AGS:
Email Address (Work):		
External Contact Details <i>(During Deferral Period)</i>		
Address:		
Suburb:	Postcode:	State:
Email:		
Contact Number:		
Expected deferral period dates:		
From:	To:	
Deferral Reason		
<p>No practicing Specialist available in the NT Health Service</p> <p>Specialist not accredited in the NT Health Service</p> <p>No placements available in specified Specialist area in the NT Health Service</p> <p>Other</p>		
Supporting Evidence* <i>(Attach in E-mail) *See over for more information</i>		
<p>Covering Letter</p> <p>Confirmation from Health Service that no positions/Specialists are available:</p> <p>College Training Program acceptance</p> <p>Offer of Employment</p>		
Additional Information/Comments:		
Office Use Only:		
Signed copy of memorandum to Chief Executive		

Supporting Evidence Information

- **Covering Letter**
 - Background of deferral
 - Reasons/issue that led to deferral
 - Deferral Period (Timing)
 - Urgency to commence deferral
 - Consulted/Informed

- **Health Service Correspondence**
 - Email or written notification/recommendation from NT Health Service that;
 - No accredited positions are available in NT Health Service
 - No practicing Specialist in the NT Health Service
 - No positions are available in specialist area specified in NT Health Service

- **College Training Program acceptance**
 - Correspondence
 - Letter of acceptance into college
 - Application made prior to approval from Chief Executive

- **Offer of Employment**
 - Letter of offer
 - Correspondence

Any issues with this form please contact the NT Medical Education and Training
Centre on (08) 8999 2832 or email METC.DoH@nt.gov.au