

First Name:**Last Name:****Full AHPRA Number:****E-mail for credentialing correspondence:****Site/s for which approval is requested:**

- ☐ Buderim Private ☐ St Andrew's ☐ St Stephen's ☐ The Wesley

Category of Accreditation Requested:

- ☐ Visiting Medical Practitioner ☐ Surgical Assistant ☐ Nursing
☐ Resident Medical Officer ☐ Dental Assistant ☐ Allied Health

Requested Speciality:**Send this Expression of Interest (EOI) Form to each Hospital you wish to apply with:**

- ☐ **CV**
☐ **Cover letter** addressing:
 o VMP: your public and private commitments
 o Surgical Assistants: Surgeon/s you will be assisting
 o Nursing: Who you will be working with

Email address/es to send EOI, CV and Cover Letter to:

Buderim Private Hospital - bph.credentialingoffice@uchealth.com.au

St Andrew's War Memorial Hospital – Lyna.Astley@uchealth.com.au

St Stephens Private Hospital - sshb.credentialingoffice@uchealth.com.au

The Wesley Hospital – cheryl.clayton@uchealth.com.au

----- OFFICE USE -----

Approval Granted for Hospital:

- ☐ Buderim Private ☐ St Andrew's ☐ St Stephen's ☐ The Wesley

Category of Accreditation (If left blank credentialing office will process as per EOI):

- ☐ Visiting Medical Practitioner ☐ Surgical Assistant ☐ Nursing
☐ Resident Medical Officer ☐ Dental Assistant ☐ Allied Health

Date of approval:**Approval granted by (name):**