



## APPOINTMENT AND RESIGNATION FORM

HOSPITAL: .....

REGION: .....

### RESIGNATION OF LOCAL WBA COORDINATOR

I submit my resignation from the position of Local WBA Coordinator at the above hospital  
Date resignation effective: .....

Name: ..... Signature: .....

#### Reason for resignation

- |  |  |
|--|--|
| <input type="checkbox"/> Succession planning<br><i>i.e. Another consultant is due to take on this position</i> | <input type="checkbox"/> No longer meet the criteria<br><i>i.e. no longer working 0.5FTE</i> |
| <input type="checkbox"/> Work arrangements have changed<br><i>i.e. no longer working at the hospital</i>       | <input type="checkbox"/> Other<br><i>Please state</i> .....                                  |

#### Has another FACEM / FRACP filled this position?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, new or current appointment<br><i>Please fill out the below section</i> | <input type="checkbox"/> No, position not yet filled<br><i>Expected date of confirmation</i> ..... |
|--|--|

### NEW LOCAL WBA COORDINATOR APPOINTMENT

#### Local WBA Coordinator 1

#### Local WBA Coordinator 2

<p>Name: .....</p> <p>Date appointment effective: .....</p> <p><input type="checkbox"/> I agree to assume the position of Local WBA Coordinator at the above hospital and to fulfil all of the responsibilities to the best of my abilities.</p> <p><input type="checkbox"/> I have read and understand the Position Description for a Local WBA Coordinator.</p> <p>Signature: .....</p> <p>Date: .....</p>	<p>Name: .....</p> <p>Date appointment effective: .....</p> <p><input type="checkbox"/> I agree to assume the position of Local WBA Coordinator at the above hospital and to fulfil all of the responsibilities to the best of my abilities.</p> <p><input type="checkbox"/> I have read and understand the Position Description for a Local WBA Coordinator.</p> <p>Signature: .....</p> <p>Date: .....</p>
--	--

### SUPPORTER OF THIS NEW APPOINTMENT

I, the Director of Emergency at the above hospital, believe that the nominee(s) fulfils the requirements for the role of Local WBA Coordinator. I support his/her appointment to this role.

Name: (DEM) ..... Signature: .....  
Date: .....