*This letter is a proforma only. Please copy and paste to your own company letterhead,* ***removing any shading once you have populated the details****.*

*Where applicable, Third Party Nomination Letters must be uploaded as part of the online Area of Need Application.*

Insert date

Dear Chief Medical Officer

**APPLICATION FOR AREA OF NEED – NOMINATION OF THIRD PARTY**

I declare that insert your medical centre/health service registered business name has engaged the services of insert registered third party business name to prepare an application on our behalf for an Area of Need (AoN) declaration for the suburb(s) insert location/s for insert either general or specialist medical services.

This declaration enables third party business name to liaise with the WA AoN Program Team regarding any matters pertaining to the application. Insert your medical centre/health service name acknowledges that approval of an Area of Need application will enable the recruitment of an internationally trained medical practitioner, registerable in the category of *limited registration for Area of Need* with the Medical Board of Australia.

Should any further information be required, third party business name is to be the first point of contact, with all contact details provided in the Area of Need application.

Yours sincerely

**Insert your name**

position title