PROCEDURE TO APPOINT MEDICAL REFEREES

Under Clause 73 of the Public Health Regulation 2012, there are a number of procedures in relation to cremation that can only be completed by a medical referee.

Clause 73 of the regulation states that a person may perform the functions of a medical referee if the person is:

(a) a Public Health Officer, or
(b) a Medical Superintendent of a public hospital, or
(c) a registered medical practitioner who has been appointed by the Secretary as a medical referee.

The Secretary's authority under Clause 73 (c) of Public Health Regulation 2012 has been delegated to the Director, South Eastern Sydney Public Health Unit. (Power to appoint a registered medical practitioner as a medical referee for the purposes of Part 8 of the Public Health Regulation.)

Appointments as NSW Medical Referees are conducted within two weeks of application being received.

Application Procedure

1. An application for appointment as a medical referee should be made on the **"APPLICATION FOR APPOINTMENT AS A MEDICAL REFEREE - Clause 73 Public Health Regulation 2012"** form overleaf, dated April 2022. Previous forms will no longer be accepted.

2. The application should be addressed to the Director, South Eastern Sydney Public Health Unit, Locked Bag 88, Randwick NSW 2031 or faxed to 02 9382 8334 or emailed to SESLHD-PublicHealthUnit-AdminTeam@health.nsw.gov.au

3. Applicants are required to be legally qualified and hold General Registration as a medical practitioner with the Australian Health Practitioner Regulation Agency.

4. Applicants whose registration includes conditions, a reprimand or an undertaking may not be considered.

5. Applicants who have been suspended will not be considered.

6. Applicants must satisfy the requirement that they have practised medicine as a fully qualified and registered medical practitioner for at least three of the last five years.

7. The applicant will be advised of the appointment in writing via email and post.

8. NSW Health maintains a register of medical referees and updates the register quarterly. The list of medical referees is available at http://www.health.nsw.gov.au/environment/dotd/Pages/default.aspx

9. NSW Health each quarter distributes an up to date register of medical referees in NSW to:

   - Members of Cemeteries and Crematoria Association of NSW
   - Executive Secretary, Australian Funeral Directors Association NSW
   - Funeral Industry Association
   - Funeral and Allied Industries Union NSW

10. NSW Health liaises with the Medical Council of NSW and the Australian Health Practitioner Regulation Authority to ensure details supplied in the application are correct and that the applicant complies with the requirements for appointment.

11. Appointed medical referees should immediately notify NSW Health of any change of address, retirement, change in registration status or other details. Failure to notify NSW Health may result in withdrawal of appointment.

For further information please contact the SES Public Health Unit on (02) 9382 8333 option 5.

NSW GOVERNMENT | Health

APPLICATION FOR APPOINTMENT AS A MEDICAL REFEREE

Clause 73 Public Health Regulation 2012

PLEASE PRINT CLEARLY – ALL SECTIONS MUST BE COMPLETED

Full Name: .....……. Date of birth: ……
(If different to name used for Registration please state both)

Name & address of Practice: ……

.....……

Suburb: ……..……State: …… Pcode: ……..……

Phone …… Fax: …… Mobile:……..……

Personal Email: (so we can contact you directly)

……

Medical Qualifications: .....……..

You must hold medical registration with the Australian Health Practitioner Regulation Agency and have been practising for three of the last five years. If not, you are not eligible to apply to become a Medical Referee.

Please provide your: Registration Number: MED .....…… Status: ……..

Conditions or Undertakings: Yes / No Registration Valid to (date): ……..

Please provide details of employment history in medicine for the last five years:

EMPLOYER	POSITION DETAILS	PERIOD (From - To)

Reason for applying:

a) I have been requested to provide Medical Referee's Cremation Certificates by:

Funeral Director: Name: ...…….....
Address: ...……..……..
Contact Number: ...……..……

Other: Name: ...……..……...…
Address: ...……..……..
Contact Number: ...……..……

b) Other reason: ……...……

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- I agree to perform as a medical referee in accordance with the requirements of Clauses 82 and 84 of Public Health Regulation 2012.
- **I understand that it is my responsibility to notify NSW Health of any changes to my Medical Registration Status, my address or retirement.**

_____	_____	_____
Name	**Signature**	**Date**

Completed forms should be sent to: **South Eastern Sydney Public Health Unit, Locked Mail Bag 88, Randwick, NSW, 2031 or faxed to (02) 9382 8334** or emailed to SESLHD-PublicHealthUnit-AdminTeam@health.nsw.gov.au