##### RMO Resignation Form / RMO Transfer Form

**Please submit completed form to RMO Support Unit**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name /**  **Preferred Last Name:** |  | | | First Name / Preferred First Name: | |  | | |
| **Position:**  (please circle) | **HO / SHO / Reg / Fellow** | | **Employee #:** | |  | | **MCNZ #:** |  |
| **Tick the option that applies for why you are leaving your current District** |  | **I am resigning my employment with Health New Zealand |Te Whatu Ora (Health NZ)** | | | | Any leave you have owing will be paid out as part of your final pay | | |
|  | **I am transferring to another District within Health NZ** | | | | Any leave you have owing will be transferred to your new District | | |
| **Tick this option if staying in your current District** |  | **I have been appointed to a SMO / MOSS / Fellow position in my current District** | | | | Any leave you have owing will be transferred to your new position | | |
| Specialty:(please detail) |  | | | | | | | |
| **Current District:**  (please detail) |  | | | **New District**  (when transferring within Health NZ) | | |  | |
| **Contact Details** | **Mobile:** | | | | | **Email:** | | |
| **Forwarding address:** |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Last day of work | **\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** | **Today’s date** | **\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| Note: Resignations require 3 months’ notice as per clause 47 STONZ MECA / Clause 45 NZRDA MECA / Individual Employment Agreement) | | | |
| **Reason for Resignation** (Please tick appropriate box) | | | |
|  | Completed training with no SMO position to go to. |  | To accept an RMO position with GPEP Training Scheme in New Zealand. |
|  | To accept a SMO position overseas.  Country:  *Tick one of the following:*  I intend to return to NZ 🞎  I do not intend to return to NZ 🞎 |  | Tertiary Study *(Tick which):*  NZ 🞎 Overseas 🞎  If overseas detail Country: |
|  | To accept an RMO position overseas with the intention of returning to New Zealand to practice medicine.  Country: |  | To pursue a career outside of medicine.  New career: |
|  | To accept an RMO position overseas with no intention of returning to New Zealand to practice medicine.  Country: |  | To Travel or Locum *(Tick which):*  Travel 🞎 Locum 🞎 |
|  | To accept an RMO position in your current District outside of Health New Zealand employment (e.g. Private Practice). |  | Other Personal Reasons that are not related to work.  Additional comments: |
| **Reason for Transfer** (Please tick appropriate box) | | | |
|  | To transfer to an RMO position elsewhere in New Zealand because of a College rotation process.  New District: |  | To transfer to an RMO position elsewhere in New Zealand independent of a College rotation process.  New District: |
|  | To take up a SMO position in your current District. |  | To take up a Fellow or MOSS Position  *(Tick which):*  Fellow 🞎 Moss 🞎  New District: |
|  | To take up a SMO position elsewhere in New Zealand.  New District: |  |

###### Please remember to return all property and equipment issued at your current District

|  |  |
| --- | --- |
| **RMO Signature:…………………………………………………………………………** | **Date:……………………….** |

|  |  |
| --- | --- |
| **For RMO Support/Payroll Use Only** | |
|  |  |