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

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

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| **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:** |  |

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

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| 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

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

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