

Hunter New England Area Health Service

**SENIOR MEDICAL PRACTITIONER APPLICATION FOR APPOINTMENT  
& CLINICAL PRIVILEGES**

Salaried Medical Specialist

Visiting Medical Other

Visiting Dental Officer

Honorary Medical Officer

PLEASE RETURN COMPLETED FORM TO:

**Medical Workforce Development**

Locked Bag 1

Hunter Regional Mail Centre NSW 2310 AUSTRALIA

FAX: + 61 2 4922 3370

PHONE: +61 2 4922 3367

E-mail: .....@hnehealth.nsw.gov.au

**PLEASE ATTACH A COPY OF YOUR UPDATED CURRICULUM VITAE**

**1. POSITION APPLIED FOR (e.g. VMO, Staff Specialist)**

Position

Location

VMO

CESSNOCK HOSPITAL, NSW

**2. PERSONAL DETAILS (Confidential)**

Full Name: MANTILLA, ANECITO

Previous Names:

Title:

DR

Date of Birth:

24/06/1974

Sex:

M

F

**Address and Contact Details:**

Professional: WOLLOMBI MEDICAL PRACTICE  
83 WOLLOMBI ROAD,  
CESSNOCK 2325

Residential:

4/90 TERALBA ROAD  
ADAMSTOWN, NSW 2289

Preferred Mailing Address:

Professional:

Residential:

Telephone Nos:

Home: 02-49621370

Work: 02-49904833

Facsimile Nos:

Home:

Work: 02-49914822

Mobile: 0439383622

Pager:

Email: johnmmd@mantillaph.net

Next of Kin Name: Charina Mantilla

Contact Number: 0438575330

**Visa Details**

Australian Citizen:

Australian Permanent Resident:

Valid Working Visa:

Sponsorship Required:

**(You must include a certified copy of your visa or residency status with your application)**

**3. QUALIFICATIONS (Tertiary)**

Please indicate name of institution or college, type of award and date conferred. Please supply certified copies of primary medical degree and all postgraduate qualifications

- a) Bachelor of Science in Medical Technology - Far Eastern University-NRMF - Philippines
- b) Doctor of Medicine - Far Eastern University-NRMF - Philippines
- c)
- d)
- e) See CV

**4. CURRENT HEALTH SERVICE APPOINTMENTS (Public and Private)**

- a)
- b)
- c)
- d)
- e) See CV

**5. EVIDENCE OF CURRENT MEDICAL REGISTRATION:**

**(a) Registration with Australian Health Practitioner Regulation Agency**

Registration Number: MED 1610660 Expiry Date: 30/09/2011

Registration Category is: General  Conditional

If conditional, please provide reason:

**(b) Have you ever had conditions imposed by any medical board or council?** Yes  No

If yes, please provide details: undergoing Australian Medical Council examination

**6. EVIDENCE OF INDEMNITY INSURANCE**

Please attach copy of Medical Indemnity and refer to page 5 for completion of an undertaking.

**7. AUSTRALIAN BUSINESS NUMBER (ABN):**

If you are applying for a position as a Visiting Medical Officer please state your ABN: 35674757463

**8. EVIDENCE OF OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES**

*(Adult Diphtheria & tetanus, Hepatitis A, Hepatitis B, Influenza, Measles/Mumps/Rubella, Varicella, Tuberculosis)*

Please attach a copy of your vaccination status and serological testing (reference NSWDOH PD2007\_006)

**9. HEALTH CARE COMPLAINTS**

Have you had or do you have any complaints involving your care that were or are currently being reviewed by the New South Wales Health Care Complaints Commission or similar authority?

Yes  No

**10. CONTINUING PROFESSIONAL DEVELOPMENT:**

Please advise of CME activities, college based and other, undertaken in the last three years

- a)

- b)
- c)
- d)
- e) See CV

**11. CLINICAL PRIVILEGES**

Please supply a copy of your logbook, detailing your clinical activity:

- Attached:  See CV:  Not Available/Applicable:
- a) Details of any recent clinical audit or peer review:  
 Attached:  See CV:  Not Available/Applicable:
- b) Details of any teaching or research activity:  
 Attached:  See CV:  Not Available/Applicable:
- c) Details of any clinical leadership experience (mandatory for clinical leadership positions)  
 Attached:  See CV:  Not Available/Applicable:
- d) Details of any hospitals or facilities where an application for appointment or re-appointment was refused or privileges reduced or removed:

**12. List Hospitals/Services where privileges are requested. Attach certified copies of documentation relating to training or certification, additional to Fellowship, which are relevant to privileges requested**

HOSPITAL/SERVICE	PRIVILEGES REQUESTED
(a)	Specialty Sub-specialty
(b)	Specialty Sub-specialty
(c)	Specialty Sub-specialty
(d) General Paediatric Admissions (Level 4)	Yes or No (Circle one)
(e) Complex Paediatric Admissions (Level 6 – John Hunter Children’s Hospital)	Yes or No (Circle one). If Yes, and applying for positions in specialties other than Anaesthetics, Orthopaedics and ENT, please provide evidence of appropriate training.

**13. REFEREES:**

Please state the names of three professional colleagues who are familiar with your work over the last three years and who can act as your referee. **Please ensure that you include at least one (1) supervisor**

**NAME & POSITION DETAILS**

**POSTAL ADDRESS/CONTACT NUMBERS**

i. Dr John Olsen  
Clinical Supervisor,  
Emergency Department, The Belmont Hospital

Telephone Number: mobile: 0411 43 40 79  
Facsimile Number: Email: john.olsen@hnehealth.nsw.gov.au

Dr Chris Geraghty  
B.Med FACEM  
Medical Director  
ii. Community Acute and Post-Acute Care (CAPAC) Service  
Greater Newcastle Cluster  
Hunter New England Area Health Service  
Newcastle Community Health Centre

Email:

8/670 Hunter Street, Telephone Number: Ph: (02) 401 64688  
Newcastle 2302 Facsimile Number: Fax: (02) 401 64733  
Mobile: 0419 677 079

Email: Email: Chris.Geraghty@hnehealth.nsw.gov.au

iii. Dr Khalil Cassim  
BPT Physician, FRACP  
The Maitland Hospital and John Hunter Hospital,  
Hunter, New South Wales

Telephone Number: Ph: +61 (02) 49327000  
Facsimile Number: mobile# 0432655383  
Email: Email: khalil.cassim@optusnet.com.au

**RELEASE FOR ENQUIRIES:**

I authorise the Executive Officer of the Hunter New England Area Health Service Medical & Dental Appointments Advisory Committee to seek information as to my past experience, performance and current fitness to practice in my specialty from my nominated referees, appropriate persons associated with previous places of employment or appointment, registration authorities, the NSW Health Service Check Register, the New South Wales Health Care Complaints Commission or from professional colleges or organisations from which my qualifications are awarded. I understand that it is routine for the Hunter New England Area Health Service to obtain such information to properly assess my professional capabilities. I understand that it is routine for the Hunter New England Area Health Service to undertake criminal record checks for all employees and appointees. I declare, except as indicated on this application, I have not had my privileges withdrawn or reduced or any appointment terminated by any hospital or health service.

I declare the above information is correct and I agree to abide by and be bound by the by-laws and rules of the Hunter New England Area Health Service on appointment.

Signature:



Date:

17 / 06 / 2011

**FELLOWSHIP STATUS AUTHORITY**

**CONFIDENTIAL**

**APPROVAL TO SOLICIT FOR STATUS WITHIN THE RELEVANT SPECIALIST COLLEGE**

It is a requirement of the Hunter New England Area Health Service to be informed of your current standing with the relevant specialist college. Due to privacy laws, specific authorisation by the applicant is required.

Please complete the fields below and return with this form.

I do hereby authorise the Strategic Recruitment Unit and Medical Workforce Development to request my status with the relevant specialist college.

Name of Specialist College:.....

Qualification & Year .....

Full Name in Capital Letters:.....

Signature:.....

Date:.....

**MEDICAL INDEMNITY STATUS AUTHORITY**

**CONFIDENTIAL**

**APPROVAL TO SOLICIT FOR STATUS WITHIN THE RELEVANT MEDICAL INDEMNITY INSURER**

It is a requirement of the Hunter New England Area Health Service to be informed of your current standing with the relevant Medical Indemnity Insurer. Due to privacy laws, specific authorisation by the applicant is required.

Please complete the fields below and return with this form.

I do hereby authorise the Strategic Recruitment Unit and Medical Workforce Development to request my status with the relevant specialist college.

Name of Medical Insurer:.....

Policy Details:.....

Full Name in Capital Letters: .....

Signature:.....

Date.....

# APPLICANT DECLARATION AND EMPLOYMENT SCREENING CONSENT FOR CHILD RELATED EMPLOYMENT

Provide your full name as well as any other names / aliases by which you have been known. **Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents**

	<b>Family Name</b>	<b>First Given Name</b>	<b>Given Name 2</b>	<b>Given Name 3</b>
<b>Primary Name</b>	MANTILLA	ANECITO		
<b>Maiden Name</b> (if applicable)				
<b>Complete Previous / Alias Name if any and circle the appropriate name type</b>				
<b>Previous/Alias Name 1</b>	JOHN			
<b>Previous/Alias Name 2</b>				
<b>Previous/Alias Name 3</b>				
<b>Previous/Alias Name 4</b>				
<b>Gender</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	24 / 06 / 1974 (dd/mm/yyyy)	
<b>Place of Birth</b>	<b>Suburb/Town:</b> CEBU CITY			
	<b>State:</b>		<b>Country:</b> PHILIPPINES	
<b>Current Residential Address</b>	<b>No/Street:</b> 4/90 TERALBA ROAD			
	<b>Suburb/Town:</b> ADAMSTOWN			
	<b>State:</b> NSW		<b>Postcode:</b> 2289	
		<b>Country:</b> AUSTRALIA		
<b>Postal Address</b> (if same as Residential Address, write "As Above")	-- AS ABOVE --			
<b>Previous Address</b> (if any)	<b>No/Street:</b>			
	<b>Suburb/Town:</b>			
	<b>State:</b>		<b>Postcode:</b>	
		<b>Country:</b>		
<b>Email</b>	johnmmd@mantillaph.net			
<b>Telephone No</b>	<b>Mobile:</b> 0439383622	<b>Business:</b> 02-49904833	<b>Private:</b> 02-49621370	
<b>Title of Child Related Position</b>	(specify its child-related nature eg 'child care assistant', not 'assistant')			
<b>Type of Position</b> (Please tick)	<input type="checkbox"/> Paid Employee <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Volunteer providing intimate personal care to disabled children <input type="checkbox"/> Volunteer providing mentoring to disadvantaged children <input type="checkbox"/> Minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation <input type="checkbox"/> Licensee for prescribed children's services			
<b>If you have used one of these documents to verify your identity, please fill in these details:</b>				
<b>Driver's Licence</b>	<b>Number:</b> 15637744		<b>Issuing State:</b> NSW	
<b>Firearms Licence</b>	<b>Number:</b>		<b>Issuing Agency:</b>	
<b>Passport details</b>	<b>Number:</b> XX3182105		<b>Type:</b>	
			<input type="checkbox"/> Private <input checked="" type="checkbox"/> Government <input type="checkbox"/> UN Refugee	
		<b>Issuing Country:</b> PHILIPPINES		

**It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.**

A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the [Child Protection \(Offenders Registration\) Act 2000](#).

**A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.**

Details of these offences and Employer Guidelines can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet1>

## DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Guidelines. **I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998* and I understand that it is an offence for a prohibited person to seek child-related employment.**

I am aware that if considered for child-related employment with NSW Health, several checks will be undertaken to ascertain my suitability, including checks directly related to child related employment and checks related to more general suitability for employment in the public sector.

1. In relation to checking for general public sector employment national criminal record check for all charges which have not been heard or finalised by the court and for all convictions vetted in accordance with the Criminal Records Act 1991 or, if a Commonwealth offence, the Commonwealth Crimes Act 1914.
2. In relation to undertaking a Working With Children Check:
  - National criminal record check for charges and/or convictions (including spent convictions, convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court) for:
    - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
    - any child-related personal violence offence;
    - any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.

In addition:

- Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and
- Check for relevant employment proceedings notified to the Commission for Children and Young People under the *Commission for Children and Young People Act 1998*.

I understand that both checks will be undertaken by the Department of Health who is also an Approved Screening Agency.

## CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed **estimate of risk and/or Employment Risk Assessment**. I consent to these sources disclosing information relating to the Working With Children Check relevant records to the Commission for Children and Young People and/or Approved Screening Agency.

### I acknowledge that:

#### 1. In relation to a Working With Children Check:

- the information obtained during the Working With Children Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes of the Working With Children Check;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
- the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.
- my relevant records under the *Commission for Children and Young People Act 1998* will not be released to the Health agency through which I am seeking employment;

#### 2. In relation to a National Criminal Record Check:

- the information provided will be used and/or disclosed by the Department of Health for the purposes of undertaking the check and in this context, the information obtained as part of the National Criminal Record Check may be provided to the Health agency through which I am seeking employment to ascertain my suitability;

#### 3. Generally

- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences.

Name: DR ANECITO MANTILLA

Signature: \_\_\_\_\_



Date: 17 / 06 / 2011

NOTE: This form is to be kept by the employer.

## Person Details

### Anecito "JOHN" Jr. S. Mantilla, MD

Nationality : Filipino

Date of Birth: June 24, 1974

Married with 2 children

Visa Subclass 856 – Permanent Residence

Address:

Unit 4 / 90 Teralba Road, Adamstown, NSW, 2289

Tel # +61(02)-49621370

Mobile Phone: +61(439)-383 622

email: [johnmmd@mantillaph.net](mailto:johnmmd@mantillaph.net)

## Objective

Application for VMO POSITION in Cessnock Hospital

## Qualifications

	Qualification	Academic Institution	Country
4 February 2011	General Registration – Full Unconditional	Australian Health Practitioner Regulation Agency	Australia
May 2010	Australian Medical Council – AMC Certificate	Australian Medical Council	Australia
March 2010	Passed the Australian Medical Council – Clinical Exam	Australian Medical Council	Australia
July 2008	Passed the Australian Medical Council - MCQ	Australian Medical Council	Australia
April 2006	Accredited 3years training, eligible to sit FRACP Examination	Committee for Physician Training, FRACP	Australia
Jan 2001- Dec 2003	Residency Training in Internal Medicine	Cebu Doctors Hospital, Cebu City	Philippines
Oct 2002	Affiliate Member of the Philippine College of Physicians	Philippine College of Physicians, Inc.	Philippines
Aug 2000	Member Philippine Medical Association		Philippines
Aug 2000	Passed the Medical Board Exam	Professional Regulation Commission – Republic of the Philippines	Philippines
1995-1999	Doctor of Medicine Rank 59 <sup>th</sup> out of 283 medical students Class President, Group Leader	Far Eastern University – Nicanor Reyes Medical Foundation, Manila	Philippines
1992-1995	B.S. Medical Technology Most Outstanding Intern – 1995 – United Doctors Medical Center – Q.C. Philippines	Far Eastern University – Nicanor Reyes Medical Foundation, Manila	Philippines



***Current Employment***

19 July 2010 – Onwards

**Senior RMO in Emergency Department** – John Hunter Hospital Area Network, New Lambton, NSW

- Daily consultation and management of patient in Emergency Department
- Request ecg/xray/pathology and interpret results
- Prioritize patient daily care according to treatment and management with or without the consultant
- Take vital signs, prepare for procedures and perform unsupervised procedures such as PICC line and lumbar puncture, arterial line, pleural tap, chest tube drainage, ascitic tap, draw blood, and obtain specimens
- Perform and manage medical emergency in-patient or emergency room setting such as CPR, BLS, ALS and intubate patient when required
- Attend and participate in weekly grand rounds / conferences
- Assist with patient and family education
- Trained in Phlebotomy
- Utilize PC to enter and retrieve patient data

***Medical Registration***

February 2011 – Granted Full Unconditional Medical Registration, AHPRA-NSW,  
Registration number: MED0001610660

January 2007 – January 2011, *Conditional Medical Registration*, NSW Medical Board/AHPRA-NSW,  
Registration number: MPO 356389 / MED0001201613

06 September 2004 – 06 September 2007 Temporary Medical Registration Certificate, Medical  
Council Tasmania  
Registration number: 048070

30 August, 2000 Passed the Medical Board Exam – Professional Regulation Commission  
Republic of the Philippines

***Training / Previous Employment***

January 2007 – 18 July 2010

**Medical Registrar** – John Hunter Hospital Area Network, New Lambton, NSW

- Daily ward rounds and manage patient in General Medical Ward, Emergency Department, Coronary Care Unit and Medical HDU with physicians and colleagues
- Request ecg/xray/pathology and interpret results
- Perform and manage medical emergency in-patient (part of Rapid Response Team)
- Prioritize patient daily care according to treatment and management with or without the consultant
- Take vital signs, prepare for procedures and perform unsupervised procedures such as PICC line and lumbar puncture, arterial line, pleural tap, chest tube drainage, ascitic tap, draw blood, and obtain specimens
- Perform and manage medical emergency in-patient or emergency room setting such as CPR, BLS, ALS and intubate patient when required
- Attend and participate in weekly grand rounds / conferences
- Assist with patient and family education
- Trained in Phlebotomy
- Utilize PC to enter and retrieve patient data

September 2004 – December 2006

**Medical Registrar** – North West Regional Hospital, Burnie 7320, Tasmania, Australia

- Level 1 hospital which covers HDU / CCU.
- Involves in critical HDU care, inserting arterial line, intubation when required.
- Had 2 supervised central line insertion during these post

January 2004 – August 2004

**Junior Consultant** – North General Hospital and Mactan Community Hospital  
Cebu, Philippines

January 2001 – December 2003 **Resident Physician – Department of Internal Medicine**

CEBU DOCTORS' HOSPITAL, Cebu City, Philippines (300 bed capacity)

- Order lab work and x-rays – Interpret results
- Prioritize patient daily care according to treatment and management with or without the consultant
- Manage critical care patient in the Intensive Care Unit / Coronary Care Unit
- Assist patients with A.M. care, take vital signs, prep for procedures, draw blood, and obtain specimens
- Perform preventive maintenance on emergency equipment
- Perform and manage medical emergency in-patient or emergency room setting
- Attend and participate in weekly grand rounds / conferences
- Assist with patient and family education
- Subspecialty rotation in Cardiology, Endocrinology, Pulmonology, Gastroenterology, Infectious Diseases, Pre-Op and Post-Op Care, and General Medicine.
- Perform EKGs, and interpret EKG's
- Trained in Phlebotomy
- Utilize PC to enter and retrieve patient data

1999-2000 **Medical Post Graduate Intern** (1 year internship program)

MANILA DOCTORS' HOSPITAL, UN Avenue, Manila, Philippines (500 bed capacity)

- Batch President of Post Graduate Interns
- Daily in-patient rounds and out-patient management
- Daily hospital endorsements
- Updated patient charts

### ***Teaching responsibilities***

We have our daily patient endorsement together with the 4<sup>th</sup> yr Medical Students (Intern), Post Graduate Intern (Junior House Officer) and the co-residents (Senior House Officer) in which we discuss informal medical subject matters eg. proper diagnosis, work-up and treatment.

### ***Research and publications***

November 2003 "Effects of Thyrostatic medication with Graves on RAI therapy at Cebu Doctors' Hospital." – unpublished

October 2002 "THE CLINICAL PROFILE OF PATIENTS WHO DEVELOPED AGRANULOCYTOSIS ON ANTI-THYROID AGENTS: CEBU DOCTORS' HOSPITAL EXPERIENCE", – Published - Phil. Journal of Internal Medicine, 42: 251 - 254, Sept. - Oct., 2004

April 2000 "Most Common Organisms Isolated Among Ventilator Assisted Patients Admitted at Manila Doctors Hospital From January 1997 To June 1999 – A Retrospective Study", Manila Doctors' Hospital, Manila, Philippines - unpublished

**References****Dr Chris Geraghty**

B.Med FACEM  
Medical Director  
Community Acute and Post-Acute Care (CAPAC) Service  
Greater Newcastle Cluster  
Hunter New England Area Health Service  
Newcastle Community Health Centre  
8/670 Hunter Street, Newcastle 2302  
Ph: (02) 401 64688  
Fax: (02) 401 64733  
Mobile: 0419 677 079  
Email: [Chris.Geraghty@hnehealth.nsw.gov.au](mailto:Chris.Geraghty@hnehealth.nsw.gov.au)

**Dr Khalil Cassim**

BPT Physician, FRACP  
The Maitland Hospital and John Hunter Hospital,  
Hunter, New South Wales  
Ph: +61 (02) 49327000 / mobile# 0432655383  
Email: [khalil.cassim@optusnet.com.au](mailto:khalil.cassim@optusnet.com.au)

**Dr John Olsen**

Clinical Supervisor,  
Emergency Department, The Belmont Hospital  
mobile: 0411 43 40 79  
Email: [john.olsen@hnehealth.nsw.gov.au](mailto:john.olsen@hnehealth.nsw.gov.au)

## 100 Point Identification Check

### Instructions:

1. The 100 point identification check **must** be completed prior to lodgement of a National Criminal Record Check or Working With Children Check or Aged Care Check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's **personnel** file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. Identification must be current and must include at least one type of photographic ID and identification that contains a signature and date of birth.
4. The point score of documents produced must total at least 100 points.
5. **In addition to providing 100 points identification if the person is not an Australian citizen or permanent resident eg. was born overseas and/or does not hold an Australian or New Zealand passport, evidence of Australian citizenship or appropriate visa/work permit that allows work in Australia must be sighted, photocopied and certified**

Applicant's Name: ANECITO MANTILLA

DOCUMENTS	POINTS
<p><b>Verify the name of the preferred applicant using one of:</b></p> <ul style="list-style-type: none"> <li>- Birth Certificate</li> <li>- Birth Card issued by the NSW Registry of Births, Deaths and Marriages</li> <li>- Citizenship Certificate</li> <li>- Current Australian passport</li> <li>- Expired Australian passport which has not been cancelled and was current within the preceding 2 years</li> <li>- Current passport from another country or diplomatic documents</li> </ul>	70
<p><b>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</b></p> <ul style="list-style-type: none"> <li>- Current driver photo licence issued by an Australian state or territory</li> <li>- Identification card issued to a public employee</li> <li>- Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit</li> <li>- Identification card issued to a student at a tertiary education institution.</li> <li>- Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> <li>- A financial body certifying that the applicant is a known customer.</li> <li>- An acceptable referee under AUSTRAC Guideline No. 3 (<a href="http://www.austrac.gov.au/files/guideline_3.pdf">www.austrac.gov.au/files/guideline_3.pdf</a>)</li> </ul> </li> </ul>	40
<p><b>Verify name and address of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Document held by a cash dealer giving security over property</li> <li>- A mortgage or other instrument of security held by a financial body</li> <li>- Council rates notice</li> <li>- Document from current employer or previous employer within the last two years</li> <li>- Land Titles Office record</li> <li>- Document from the Credit Reference Association of Australia.</li> </ul>	35

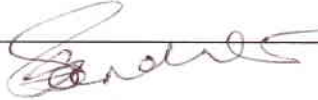
DOCUMENTS	POINTS
<p><b>Verify name of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Current credit card or account card from a bank, building society or credit union</li> <li>- Current telephone, water, gas or electricity bill</li> <li>- Foreign driver's licence</li> <li>- Medicare Card</li> <li>- Electoral roll compiled by the Australian Electoral Commission</li> <li>- Lease/rent agreement</li> <li>- Current rent receipt from a licensed real estate agent</li> <li>- Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years</li> <li>- Records of a professional or trade association of which the applicant is a member.</li> </ul>	25

Employers to note: if an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer should contact his or her Approved Screening Agency for assistance.

### Record of identifying documents:

Please record relevant details in the table below:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
PASSPORT	07-03-2009	PHILIPPINES	06-03-2014	XX3182105	70
DRIVERS LICENSE		NSW	22-06-2013	15637744	40
<b>Total points</b>					110

<b>Name and position title of officer sighting documents</b>		Date: 17/6/11
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**KERRY HAROLD GARDNER**  
 14 MARIE ST  
 CHARLESTOWN 2290  
 PH 4943 8895 J.P. 135710

NOTE: This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010



# FAR EASTERN UNIVERSITY

I CERTIFY THIS  
TO BE AN EXACT  
COPY OF ORIGINAL

*[Signature]*  
17/6/11

## DR. NICANOR REYES MEDICAL FOUNDATION



MANILA, PHILIPPINES

*To All To Whom These Presents May Come*

**GREETINGS:**

*Be it known that*

### ANECITO MANTILLA JR. Y SAGRADO

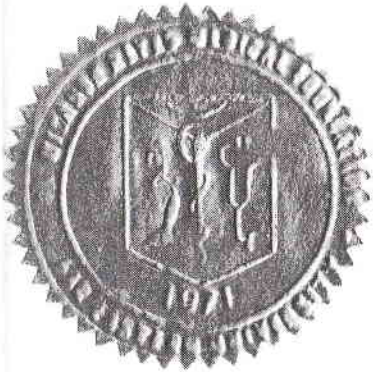
*having completed the prescribed course of study and satisfied the other requirements of this institution  
has been conferred the degree of*

### BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY

*with all the rights, privileges and responsibilities thereunto appertaining.*

**IN WITNESS WHEREOF,** *the Board of Trustees has caused this Diploma  
to be signed by the Chairman, Board of Trustees, and the Dean of the Institute  
and the Foundation seal to be hereunto affixed in Manila, Philippines, this*

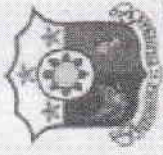
*twenty-first day of April, nineteen hundred and ninety five .*



Special Order (B)(NCR) No. 4-09:2072  
series of 1995  
Date issued: July 14, 1995  
No. 3902

*Josephine C. Reyes*  
CHAIRMAN, BOARD OF TRUSTEES

*Florencia M. Baltazar, M.D.*  
DEAN OF THE INSTITUTE



Republika ng Pilipinas  
 REPUBLIC OF THE PHILIPPINES  
 Komisyon sa Regulasyon ng mga Propesyonai  
 PROFESSIONAL REGULATION COMMISSION  
 Lupon ng Aldehiha  
 BOARD OF MEDICINE



Dapat nilaman na si  
 Heilbert

**ANICETO S. MANILLA, JR.**

ay nakatapat sa mga labana ng Batas Republika Blg. 2382 at sa mga kautusang legal at regulasyon ng  
 has complied with the requirements of Republic Act No. 2382 and the rules and regulations of the  
 Lupon at ng Komisyon at itinala sa rehistro ng mga propesyonai bilang isang

Board and the Commission and has been entered in the registry of professionals as a

**Alinggagani**  
 PHYSICIAN

na may pribilehiyong gumamit ng titulo at manunghalan sa propesyon na sa ilalim ng kapangyarihan ng Republika ng Pilipinas,  
 with the privilege to assume the title and to practice the profession under the authority of the Republic of the Philippines.

Sa Katunayan Nito, Siyong Katibayan Blg. 93873 na nilagdaan ng Pinuno at mga Kagawad ng Lupon at ng Pinuno ng  
 IN TESTIMONY WHEREOF, this Certificate, signed by the Chairman and Members of the Board and the Chairman of the

Komisyon, na may laral ng selvo ng kapangyarihan ng Lupon at ng Komisyon alinsunod sa mga probisyon ng  
 Commission, with the official seal of the Board and the Commission affixed thereto in accordance with the provisions of

Batas Republika Blg. 2382 at Dikreto ng Pangulo Blg. 223, bito sa Lumang ng Alapula, Pilipinas  
 Republic Act No. 2382 and Presidential Decree No. 223 in the City of Manila, Philippines

ay ipinaghatod sa kanya ngayong ita 30 ng Agosto, sa taon ng Ating Pangunoon, Dalawang Tulo  
 is hereby awarded to him on this 30th day of August, in the year of Our Lord, Two Thousand



JOSE S. RAMIREZ MD  
 Kagawad  
 Member

JUANITO B. BILOTE MD  
 Kagawad  
 Member

COLLEGE DE GUZMAN, MD  
 Kagawad

RUBEN SOLICARPIO MD  
 Kagawad  
 Member

Pinagtibay:  
 Approved

EDUARDO FERNANDO, MD  
 Kagawad

Kagawad

Kagawad

HERMOGENES F. POBRE  
 Kagawad ng Komisyon  
 Chairman



I CERTIFY THIS  
TO BE AN EXACT  
COPY OF ORIGINAL

*[Signature]*  
12/6/11

KERRY HAROLD GARDNER  
14 MARIE ST  
CHARLESTOWN 2290  
PH 4943 8895 J.P. 135710

# FAR EASTERN UNIVERSITY DR. NICANOR REYES MEDICAL FOUNDATION

MANILA, PHILIPPINES



*To All To Whom These Presents May Come*

**GREETINGS:**

*Be it known that*

## Anecito Mantilla Jr. y Sagrado

*having completed the prescribed course of study and satisfied the other requirements of this institution  
has been conferred the degree of*

**DOCTOR OF MEDICINE**

*with all the rights, privileges and responsibilities thereto appertaining.*

**IN WITNESS WHEREOF,** the Board of Trustees has caused this Diploma  
to be signed by the Chairman, Board of Trustees, and the Dean of the Institute  
and the Foundation seal to be hereunto affixed in Manila, Philippines, this  
*fourteenth day of April, nineteen hundred and ninety nine.*



Special Order (B) (NCR) No. 70-500601-907  
series of 2000  
Date Issued: April 27, 2000  
No. 6846

*Josephine L. Reyes*  
CHAIRMAN, BOARD OF TRUSTEES

*Floreliza M. Baltazar, M.D.*  
DEAN OF THE INSTITUTE

# The Australian Medical Council

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*certifies that*

***Anecito Jr. Sagrado MANTILLA***

*has satisfied the requirements of the  
Council, has successfully passed its  
examinations and has been awarded  
Certificate number*

**9615**

*Issued by the authority of the Council  
this 13th day of March 2010*

I CERTIFY THIS  
TO BE AN EXACT  
COPY OF ORIGINAL

*[Signature]*  
11/6/11

KERRY HAROLD GARDNER  
14 MARIE ST  
CHARLESTOWN 2290  
PH 4943 8895 J.P. 135710



*[Signature]*

Chairman  
Board of Examiners

*[Signature]*

Approved Officer  
Australian Medical Council

*[Signature]*

Signature of holder





**Medical Board of Australia  
Certificate of Registration**

This is to certify that

**Dr Anecito Mantilla**

Registration Number: MED0001610660

is a registered

**Medical Practitioner**

with General Registration

I CERTIFY THIS  
TO BE AN EXACT  
COPY OF ORIGINAL

*[Handwritten signature]*  
17/6/11

KERRY HAROLD GARDNER  
14 MARIE ST  
CHARLESTOWN 2290  
PH 4943 8895 J.P. 135710

**Notations**

Nil

**Conditions**

Nil

**Undertakings**

Nil

**For the period 04/02/2011 to 30/09/2011**

**Australian Health Practitioner Regulation Agency**  
PO Box 9958 in your capital city.

The information on this certificate was accurate at the time of printing. For the latest information on this registration please check the online register at [www.medicalboard.gov.au](http://www.medicalboard.gov.au)

Date printed: 07/04/2011