



NEVDGP Membership Form

Please **PRINT** Clearly and complete both pages

_____	_____	_____	____/____/____	M / F
Title	Firstname	Surname	Date of Birth	Gender

General Qualifications: MBBS FRACGP , Other: _____

Individual Email Address: _____

Mobile Phone: _____

Are you Vocationally Registered? Yes No

If yes, QA & CME Number: _____

Provider No (for practice listed below): _____

Prescriber Number: _____

Do you have an individual ABN? Yes Number: _____ No

If Yes - are you registered to charge and collect GST? Yes No

(This information is required by the Division in case of future payments that may be made to you)

Country of Birth: _____

Languages (other than English): _____

(Please list only if you are fluent, or comfortable conversing in that language).

Primary Practice Details: *(if practising at more than one practice, please list only one)*

Address: _____

Phone: _____ Fax: _____

Do you work Full or Part Time? FT PT No of sessions: _____

Do you act as the Practice Manager at this practice? Yes No

Are you a Partner or Sessional? Partner Sessional

Mailing Address *(Only required if different to Practice address)*

Address: _____

Phone: _____ Fax: _____

North East Valley Division of General Practice Pty Ltd
 Locked Bag 1, Repat Hospital, Austin Health, Heidelberg West VIC 3081
 Tel: 03 9496 4333 Fax: 03 9496 4349
 Email: nevdgp@nevdgp.org.au



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Medical Interests:

Interest	Qualification (if any)	Currently Practising		
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

IT Usage

At your main practice - do you have a Computer in your consulting room? Yes No

Do you use for:-

- Electronic Script Writing Yes No
- Letter Writing Yes No
- Referral letters Yes No
- Full Patient Notes Yes No
- Email at desk Yes No
- Internet access at desk Yes No
- Pathology Results:-
 - Downloaded Yes No
 - Requests sent electronically Yes No

Other Uses: _____

The North East Valley Division of General Practice has a Privacy Policy which complies with the Privacy Amendment Act. The main purpose for collecting the above information is to assist in providing members with support, and to facilitate our programs, activities or functions.

No personal information is ever disclosed to other groups, organisations or individuals.

A copy of the Division's Privacy Policy can be obtained from the Division Office on request.

Please return this form to the address below, or by Fax to 9496 4349
(if faxing - please remember to submit BOTH pages)

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