



# NEVDGP Membership Form

Please **PRINT** Clearly and complete both pages

_____	_____	_____	____/____/____	____/____
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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