

North East Valley Division of General Practice Ltd.

c/- Austin Health, Repatriation Hospital Campus, Locked Bag 1, West Heidelberg VIC 3081 Cnr Banksia St & Waterdale Rd, Heidelberg West 3081 Telephone: (03) 9496 4333 Facsimile: (03) 9496 4349

Email:nevdgp@nevdgp.org.au Website: www.nevdgp.org.au

NEVDGP NURSE ASSOCIATE MEMBERSHIP FORM

Complete this form is you wish to become an associated member of the Division Please PRINT clearly and complete all sections and return to NEVDGP in the Reply Paid envelope provided OR FAX back to the Division on 9496 4349

PERSONAL DETAILS				
Title	First Name	Preferred	Preferred name	
Surname		Gender	M/F	
PRACTICE DETAILS				
Practice Name		Phone		
Address		Fax		
		Starting of	date	
MAILING ADDRESS			_(for all correspondence)	
Phone Contact Details Home (Optional) Mobile Email Contact Details The division publishes a weekly electronic newsletter (ENews). Would you like to receive ENews? Yes/No If "yes" which email address would you like it sent to if different from above?				
Nurses Details				
Qualifications	Qualifications Are you a DIV I N		es/No	
Do you work fu	Il or part time? Nu	ımber of sessions		
Are you a Registered Immunisation Provider? Yes/No				
Are you a Registered Pap Smear and Breast Screen Provider? Yes/No				
Do you have additional qualifications? Yes/No Please list				
OTHER INFORMATION				
Special Interests				
Would you like a visit from a Division staff member to outline our services? Yes/No				
Would you like to participate in educational visits? Yes/No Would you like training in Medical Director? Yes/No				

Upon return of this completed form, you will be sent a "Welcome Kit" for New Members. Further information on the North East Valley Division of General Practice and its programs is available on the Division's website www.nevdgp.org.au. The Division also has a privacy policy that governs its handling of personal information. The full policy is available on our website and a copy will be provided to you in the "Welcome Kit".