



NEVDGP NURSE ASSOCIATE MEMBERSHIP FORM

Complete this form if 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 name _____
Surname _____ Gender M/F

PRACTICE DETAILS

Practice Name _____ Phone _____
Address _____ Fax _____
Starting 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 _____ Are you a DIV I Nurse? Yes/No

Do you work full or part time? _____ Number 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 _____

Would you be happy to act as a "buddy" and offer support to other practice nurses? Yes/No

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".