Longueville Private Hospital

NAME: _____
SURNAME (PRINT) GIVEN NAMES (PRINT)

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

_____

HOME TELEPHONE: _____ **MOBILE NUMBER:** _____

PRACTICE ADDRESS: _____

_____

PRACTICE TELEPHONE: _____ **PRACTICE FAX:** _____

CURRENT REGISTRATION NO: _____

INDEMNITY INSURANCE DETAILS: _____

QUALIFICATIONS:

_____

_____

_____

REFERENCES:

1. _____
2. _____
3. _____

PRIVILEGES SOUGHT – IN FULL DETAIL (THIS MUST BE COMPLETED)**:**

_____

_____

_____

VISITING RIGHTS TO OTHER FACILITIES:

_____

_____

_____

BACK-UP PRACTITIONER (TO BE CONTACTED IN THE EVENT OF AN EMERGENCY SITUATION WHEN YOU CANNOT BE CONTACTED)**:**

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

CONTINUING EDUCATION ACTIVITIES (LAST TWO YEARS – LIST BY COURSE / SEMINAR)**:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PROVIDER NUMBER: _____

Use of the facility is subject to acceptance of its by-laws, policies, mission and values of Longueville Private Hospital as published

Practitioner reviews will be done periodically to assess the volume and frequency of work

I declare that I am the person named in this application and that, to the best of my knowledge; the statements herein contained are true in substance and in fact. I authorise Longueville Private Hospital and the Medical Advisory Committee to seek information as to past experience, performance and current fitness.

I agree to abide by the by-laws and rules of Longueville Private Hospital. I also, for the time being in force, agree to continue to maintain my membership of a medical defence union or fund.

_____ _____

SIGNATURE DATE

OFFICE USE ONLY

APPROVAL GIVEN BY THE MEDICAL ADVISORY COMMITTEE:

☐ YES ☐ NO DATE: _____

RATIFIED BY THE IPHOA BOARD:

☐ YES ☐ NO DATE: _____

PRIVILEGES GRANTED

_____

_____

RENEWAL DATE FOR VISITING RIGHTS AND PRIVILEGES:

DATE: _____

SIGNATURE: _____ DESIGNATION: _____

Please attach:

- Curriculum vitae
- Copies of current registration receipt and current medical defence receipt