

Application for Membership of the Nepean Division of General Practice

In accordance with the definition and requirements of the NDGP constitution.

I, _____ hereby apply to become:
(full name)

- A Full Member - a GP who has been active as a GP in the area covered by the Nepean Division of General Practice Boundaries for at least one year and who carries out more than 50% of his/her medical (professional) work as a GP.
- Associate Member (please tick one box that best describes you)
- A GP who has been active as a GP in the area covered by the NDGP for less than one year.
 - A Medical Practitioner, who works outside the area covered by the NDGP boundaries.
 - A GP, who carries out less than 50% of his/her medical (professional) work as a GP.
 - A Medical Practitioner, not currently any of the above.
 - A Registrar working in the Penrith LGA.

Please note: ONLY FULL MEMBERS have voting rights.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature: _____ Date: _____

I, _____ a member of the Nepean Division, nominate the applicant, who is presently known to me, for membership of the Division.

Signature of the Proposer: _____ Date: _____

I, _____ a member of the Nepean Division, second the nomination of the applicant, who is presently known to me, for membership of the Division.

Signature of Seconder: _____ Date: _____

All details (pages 1 & 2) must be completed and the form returned to:

**Nepean Division of General Practice
PO Box 903 Penrith NSW 2751
Ph: 02 4721 1150 Fax: 02 4721 1176**

for consideration by the NDGP Board.

NEPEAN DIVISION OF GENERAL PRACTICE PRIVACY STATEMENT

The NDGP collects only that personal information relevant to our functions and activities as a Division of General Practice. Where possible the NDGP collects personal information directly from the individual. The NDGP is bound under the Privacy Act, and takes reasonable steps to collect, store and use personal or business-specific information in accordance with this Policy. Individuals are told why personal information is being collected at or near the point of collection. No identifiable personal information is disclosed without consent (either expressed or implied). Consent may be given in writing, orally, or implied from the nature of dealings with the NDGP.

The NDGP may release information to third parties where it is reasonable to do so for effective communication within the Division or between GPs; to public & private hospitals and other medical authorities to assist in patient care.

Where information necessary to provide a service to an individual is not made available, that service will not be provided.

PRACTICE CONTACT DETAILS (please print clearly and please circle answers):

PRACTICE 1 Date commenced: / / .

Name: _____

Address: _____

Phone/s: _____ Fax: _____

Practice type: Solo Registrar Locum Group practice (No. in practice) _____

Practice hours: Full time Part time Average no. hours _____

PRACTICE 2 Date commenced: / / .

Name: _____

Address: _____

Phone/s: _____ Fax: _____

Practice type: Solo Registrar Locum Group practice (No. in practice) _____

Practice hours: Full time Part time Average no. hours _____

HOME CONTACT / PERSONAL DETAILS:

Address: _____

Phone: _____ Fax: _____ Partners name: _____

Preferred mailing address: If different from above _____

Email Address: _____

Personal details: Male Female DOB: _____

Do you speak any other language/s? Please give details: _____

Are you a member of the AMA? Yes No

Are you a member of any other Division/s? Yes No If yes, which Division? _____

Please tick, if you wish to receive: Division Newsletters/Updaters CPD Invitations

QA CE No.: _____ Provider No.: _____

Post Graduate:	Qualification	Institution
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Special Interests: _____

Would you be interested in presenting these skills/interests at a CPD meeting? Yes No