



Application Form

Practice Name

(This is the name that will appear on your accreditation certificate and must be the same name as registered with Medicare Australia for PIP)

Company / Organisation Name

ABN _____

Practice Type

(Which best describes your Practice?)

- | | | |
|---|---|--|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Medical Deputising Service | <input type="checkbox"/> After Hours Clinic |
| <input type="checkbox"/> Skin Cancer Clinic | <input type="checkbox"/> Community Health Service | <input type="checkbox"/> Aboriginal Health Service |

Is your Practice part of a corporate group?

- Yes No

If Yes, please specify _____

Nominated Medical Contact

(For accreditation purposes)

Title _____ First Name _____ Surname _____ Position _____

Nominated Administration Contact

(For accreditation purposes)

Title _____ First Name _____ Surname _____ Position _____

Nominated Nurse Contact

(For accreditation purposes)

Title _____ First Name _____ Surname _____ Position _____

Practice Location / Physical Address

RRMA

Street _____

Town _____ State _____ P/Code _____

Phone _____ Fax _____

Email _____

Website _____

Postal Address of Practice

(If different from location / physical address)

Street / PO _____

Town _____ State _____ P/Code _____

Division of General Practice

How did you hear about GPA ACCREDITATION *plus*? (More than one selection may be relevant)

- | | | |
|---|---|---|
| <input type="checkbox"/> GPCE | <input type="checkbox"/> Other practice | <input type="checkbox"/> Current GPA practice |
| <input type="checkbox"/> AAPM | <input type="checkbox"/> Division of General Practice | <input type="checkbox"/> GPA Surveyor |
| <input type="checkbox"/> Media / Publicity | <input type="checkbox"/> RACGP / ACRRM | <input type="checkbox"/> GPA contacted us |
| <input type="checkbox"/> Other (please specify) _____ | | |

Why did you choose GPA ACCREDITATION *plus*?

Practice Information

Total number of doctors working in the Practice _____

Total number of practice support staff _____

Approximate number of active patient medical records _____

According to the RACGP, General Practice is defined as: “the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities”.

Does your Practice meet this definition? Yes No

If No, please state the nature of your Practice _____

Practice Accreditation Information

Current Accreditation Expiry Date Day _____ Month _____ Year _____

Is your Practice currently registered for the PIP? Yes No

If Yes, please provide the following details from page one of your PIP quarterly statements

Whole Patient Equivalent _____ Standardised Whole Patient Equivalent _____

Preferred Surveyor Team

(additional fees apply for a GP/GP Team)

- GP / Non GP GP / GP

Disclosure of Information

GPA treats all practice information received as strictly confidential. When your practice is accredited, GPA is required to notify JAS-ANZ (Joint Accreditation System of Australia and New Zealand), who is our accrediting body, making available your practice name, accreditation status and practice location. GPA may also provide this information to other audiences (once consent is obtained from the practice). Disclosure of this same type of information may in fact benefit your practice. For example, your Division of General Practice may be able to provide additional assistance to you during your accreditation period, if they are aware you are registered for accreditation.

I give consent for GPA to disclose my accreditation status to:

- Medicare (for PIP purposes) My Division of General Practice Potential GPA practices

Website Disclosure

Promoting your accreditation status, helps to reassure patients that you are a quality practice. As such, GPA requests your permission to disclose basic information including the name of your practice, practice address and contact number. This information is then listed on our website at www.gpa.net.au and accessible to the public.

- Yes, I agree to have such information listed on the GPA website
- No, I do not grant permission for such information to be made available on the GPA website

Which GPA ACCREDITATION *plus* program would you like to utilise?

- Online (A+ program) Paper-based (Essentials Kit program)

(See attached brochure for more information)

Terms and Conditions

- 1 The applicant warrants that the information provided in this application is correct.
- 2 The applicant acknowledges that they have been offered the opportunity to obtain a copy of the following and agrees to abide by all of these contractual documents:
 - a) GPA Terms and Conditions for Accreditation;
 - b) GPA ACCREDITATION *plus*: Accreditation procedures for the purposes of the PIP; and
 - c) Terms and Conditions for use of Licence and Logos.(All available on www.gpa.net.au or call 1800 188 088)
- 3 The applicant agrees that:
 - a) When GPA accepts this application in writing; or
 - b) If the application is not accepted in writing, when GPA commences Accreditation Services to the applicant;

There is a contract for the supply of Accreditation Services under the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect to the certification services, as calculated in accordance with either the GPA quoted fees or other agreement reached with GPA.

- 4 The applicant agrees that if a certificate is issued and the use of any Trademarks or Logos is authorised, the applicant will use the marks in accordance with the GPA ACCREDITATION *plus* Program Guidelines.
- 5 Registration fees are non-refundable.

Authorised practice contact to complete:

Name _____

I have read and understood the Terms and Conditions of this application and warrant that I am authorised to act on behalf of the Practice / Organisation. I hereby apply for accreditation under the GPA ACCREDITATION *plus* Program.

Signed for and on behalf of the applicant _____ Date _____

The Next Step

Thank you for completing this application. To return to GPA please:

Post to: **PO Box 83
Gundagai, NSW 2722**

OR

Fax to: **Free fax 1800 644 807**



Phone: 1800 188 088
Email: info@gpa.net.au
Web: www.gpa.net.au