



# General Practitioner Membership Application Form

Name: \_\_\_\_\_ NZMC No.: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How many tenths do you regularly work per week? Note: minimum for application is 1/10<sup>th</sup>.

Where exactly do you work (i.e. name of practice(s) and street address), how often on a regular basis and in what capacity (i.e. partner, associate or locum etc)?

What are your professional intentions over the next 12 months (i.e. where you will be working)?

In applying for membership of South Link Health Inc (SLH) you agree that:

1. You will act in accordance with the Society Rules and will not act contrary to SLH's interests or do anything that brings SLH into disrepute or damage its reputation.
2. You will respect the rights of colleagues, members and funders.
3. You will work within the law with honesty, integrity and openness to scrutiny.
4. You are not a member of any other IPA.
5. You agree to the IPA auditing and reviewing information or claims for payment which you provide.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

This application is to be accompanied by:

- A CV containing the following details:
  - your medical qualifications with the dates achieved plus any other qualifications and the dates achieved
  - your work history (brief statement)
  - your accreditation/reaccreditation status with the Royal NZ College of GPs. Note this will be one of the following: FRNZCGP / undergoing accreditation / working under oversight
- NZMC Registration, please provide a copy of your latest Practicing Certificate

**Membership is subject to SLH Executive Board approval**

Please post or fax your application to: South Link Health Inc  
PO Box 6032, Dunedin 9059  
Fax: 0800 10 76 73

If you have any membership queries please contact Denis Paterson on 0800 78 45 46