



PO Box 241, Penrith NSW 2751

Ph: (02) 4734 8556 Fax:

## Application for Membership of the Nepean Division of General Practice

The Nepean Division of General Practice (Inc) now trades as the Nepean GP Network

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 ( Penrith LGA and Lower Blue Mountains) 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.
- An Affiliate Member is any other person who has links with the Medical fraternity and does not meet other "member" qualification.

*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 GP Network**

**PO Box 241 Penrith NSW 2751**

**Ph: 02 4734 8556 email: nepeandgp@gmail.com**

***for consideration by the NDGP Board.***



**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: \_\_\_\_\_

Please tick, if you wish to receive: Network 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

**TO BE READ IN CONJUNCTION WITH NDGP PRIVACY STATEMENT**

**NEPEAN DIVISION OF GENERAL PRACTICE PRIVACY STATEMENT is on the NDGP Website**