

When completed: Fax to us on **1300 725 726** or mail to GPO Box 84A, Melbourne Vic 3001.
Please complete the following in **BLOCK PRINT**

A SECTION

Personal Details

Title _____ Given Name(s) _____ Surname _____

Practice Details

Business Name _____

Practice Address		Mailing Address (if different from location)	
Street _____		Street _____	
Suburb _____		Suburb _____	
State _____	Postcode _____	State _____	Postcode _____
Practice Phone _____	Practice Fax _____	Email address _____	

Have you been issued a:

	Yes	No	
Medicare or HIC Provider Number	<input type="checkbox"/>	<input type="checkbox"/>	Please provide your Medicare/HIC Provider No. _____
Medibank Private Provider Number	<input type="checkbox"/>	<input type="checkbox"/>	Please provide your Medibank Private Provider No. _____

PLEASE NOTE: If you have a HIC or Medibank provider number please **ONLY** complete Section A and sign the declaration below. If you do not hold either of these, please complete Section A and Section B (see over).

Declaration

I hereby declare that the above information is true and correct. Should any of the above details change, I will notify HICAPS Pty Ltd in writing within seven (7) days of the change.

Signature _____
Name _____
Date ____ / ____ / ____

Please note: Completion of this application does not ensure automatic Fund recognition. Recognition is dependent on the decisions of individual Health Funds.

B SECTION**Additional Details (Complete this section only if you do NOT hold a HIC/Medibank provider number)****Modalities Practised**

Professional Qualifications (please provide supporting documentation along with this form)

Undergraduate/postgraduate qualifications (if applicable – please provide supporting documentation)

Current first aid certificate details (please provide supporting documentation)

Brand/Association registration and/or membership details (please provide supporting documentation)

Professional indemnity and liability insurance details (please provide supporting documentation)

Note: You may be required to provide current documentation from time to time.

Are you the subject of any unresolved complaint to, or complaint or investigation finding by a professional association or registration/recognition/professional services review body? If yes, please give details.

Have you ever been the subject of an adverse finding by such an association or body? If yes, please give details.

Is your right to practise conditional? If yes, please give details.
