

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practice Details

Business Name		<input type="text"/>	
Practice Address		Mailing Address (if different from location)	
Street		Street	
<input type="text"/>		<input type="text"/>	
Suburb		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Phone	Practice Fax	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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. <input type="text"/>
Medibank Private Provider Number	<input type="checkbox"/>	<input type="checkbox"/>	Please provide your Medibank Private Provider No. <input type="text"/>

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.
