Radio Doctor Illawarra

Proudly AGPAL Accredited
Our commitment to your safety and care

ABN 21 246 968 476

02 4227 3251 Call Centre 02 4228 5522 02 4204 9049 enquiries@radiodoctor.com.au

WOLLONGONG MEDICAL SERVICE COOPERATIVE LIMITED

MEMBERSHIP APPLICATION/RENEWAL

To join please follow these steps

1. Decide if you wish to join as an individual or as a whole practice.

2. Complete the attached 'Application for Shares Form'. This must be signed by the applicant Doctor or Practice Principal.

3. Complete the attached 'Membership Information Form'.

4. As your subscription fees will be based on the relative size of your practice you must provide either Standardised Whole Patient Equivalent (SWPE) figures or FTE equivalent figures***** for the previous 3 months.

   ***** *If your practice is registered for Practice Incentive Payments (PIP) then your SWPE figures are available from Department of Human Services – Practice Incentives Program phone 1800 222 032. SWPE figures are used to determine your quarterly After Hours Practice Incentive Payment.*

   If you do not know your SWPE you can instead provide your Full Time Doctor Equivalent (FTE) figure for the previous 3 months.

   A full time doctor is assumed to work 40 hours per week; simply total up the number of hours all doctors work in your practice in an average week and divide by 40.

5. Once the form/s are completed please return by post, fax or email to*:*

   PO Box 214, Fairy Meadow, NSW 2519
   Fax: 02 4204 9049 Email: generalmanager@radiodoctor.com.au

6. Once your application is received and accepted, you will then be sent an invoice for the $50 shares and the next three months subscription fees charged at $1.75 per SWPE.

7. Once payment is received, we will confirm your membership in writing and you will be sent membership poster and promotional materials for distribution to your patients.

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APPLICATION FOR SHARES

WOLLONGONG MEDICAL SERVICES CO-OPERATIVE LIMITED
Trading as RADIO DOCTOR ILLAWARRA
Incorporation No: 000587

I, _____
(Insert Name/s of Practice Principal/s)

of _____
(Insert Name of Practice)

Located at _____
(Insert street address of Practice)

Hereby apply for the issue of 50 ordinary shares in the Wollongong Medical Service Co-operative Limited as an *(tick box)*:

Individual Member [ ]

Body Corporate (Practice) Member [ ]

I AGREE to accept the said shares allotted and to be bound by the Rules and Regulations (available from the office) of the Co-Operative and HEREBY AUTHORISE my name/practice name to be placed on the Share Register of Members in respect of the said shares

Signed: .....

Date: .....

OFFICE USE ONLY

Agreed to allot 50 Shares as per application

Entered in Share Register of Members.....

Share Certificate
issued.....Posted.....

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WOLLONGONG MEDICAL SERVICE COOPERATIVE LIMITED
MEMBERSHIP INFORMATION FORM (CONFIDENTIAL)

I wish to join/rejoin as a (please tick option): Practice Member [ ] Individual Member [ ]

Practice Name: _____

Name and after hours contacts of Doctor/s:

DOCTORS NAME/S	Mobile Phone number *
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Under AGPAL accreditation, as a medical deputising service we are required to have member doctor's after hours contact details in case our locum doctor or office needs to contact you about one of your patients.*

Standardised Whole Patient Equivalent (SWPE) for previous 3 months: _____
or if SWPE are not known
Full Time Equivalent (FTE) doctors for previous 3 months: _____

Postal Address for Correspondence: _____

_____

Practice Email Address: _____

Practice Phone Number: _____ **Practice Fax Number:** _____

Practice HealthLink EDI *(so we can send patient reports electronically to you)*: _____

Practice Manager's Name: _____

Signed: _____ **Date:**_____

Please return by post, fax or scan & email to: PO Box 214, Fairy Meadow, NSW 2519
Fax: 02 4204 9049 Email: generalmanager@radiodoctor.com.au