



# APPLICATION FOR APPROVAL – Visiting Medical Practitioner (VMP) or non-medical Visiting Practitioner (VP)

Name		D.O.B
Private Address		Phone
Rooms Address 1		Phone
Rooms Address 2		Phone
After Hours Contact Phone / Mobile		Fax
Email		
Category of Approval Sought (Admitting G.P., Consulting Specialist, Radiographer, etc.)		
Are you seeking Admitting rights <input type="checkbox"/> and/or Consulting rights <input type="checkbox"/> and/or Right to provide other non-medical service as stated: .....		
Qualifications		Memberships
Hospital Affiliations		
Indemnity Insurer *	Ins Due Date *	Registration No *
Provider Number	Registration Due *	
Details of Continuing Education Activities		
Names and contact details of 2 referees		
1.		
2.		
Name and contact details of a VMP or VP approved by Wolper Jewish Hospital who can cover you if you are unavailable or uncontactable:		

**\*COPIES OF MOST RECENT INDEMNITY INSURANCE & REGISTRATION RENEWALS MUST BE ATTACHED.**

## DECLARATION

I, ....., the undersigned, on approval by Wolper Jewish Hospital, do hereby agree to abide by the By-laws (as may be amended from time to time) and Regulations of the Hospital. Pursuant to Clause 13 of the By-laws I agree to keep current professional indemnity insurance and will notify the Hospital immediately of any change in my indemnity cover or circumstance that may give rise to a claim in respect of a patient's admission in the Hospital. I understand that approval status will be reviewed every 5 years, from time to time or as otherwise stated.

I also confirm that I have received and read the following.

- Hospital By-laws
- Open Disclosure Policy – Online training through <http://vhimsedu.health.vic.gov.au/opendisclosure/topics/topic4/page1.php>
- Antimicrobial Stewardship Policy
- Hand Hygiene Policy
- Consumer Participation Policy
- Admission of an Inpatient Policy
- Emergency Procedure Summary

Signed..... Dated.....

Please return via email to [ceo@wolper.com.au](mailto:ceo@wolper.com.au)