APPLICATION FOR APPOINTMENT– Visiting Medical Practitioner (VMP) or Non-Medical Visiting Practitioner (VP)

Name	**D.O.B**
Private Address	**Phone**
Rooms Address	**Phone**
	Fax
After Hours Contact Phone / Mobile	**Email**

Category of Approval Sought (Admitting G.P., Consulting Specialist, Radiographer, etc.)	
Doctors only, are you seeking: **Admitting rights ☐ and/or Consulting rights ☐**	**Non-Medical Practitioners:** **Right to provide other service (e.g. Radiology, Speech) as stated: ……**
Qualifications	**Memberships**
Hospital Affiliations	
Indemnity Insurer *	**Ins Due Date ***
Provider Number	**Registration No ***
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:	
For doctors seeking Admitting rights, please provide a copy of Hand Hygiene Australia certificate.	

***COPY OF MOST RECENT INDEMNITY INSURANCE 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 9 & 10 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
- Clinical Governance for Doctors Summary
- 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……..

Approved by Medical Advisory Committee	**Approved by Board**
Signature …….. Date ……	Signature ……..…… Date ……..

Please return via email to ceo@wolper.com.au

Dated: Aug. 2019