



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 <input type="checkbox"/> and/or Consulting rights <input type="checkbox"/>		Non-Medical Practitioners: Right to provide other service (e.g. Radiology, Speech) as stated:	
Qualification		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:			
Have you ever had your appointment suspended or refused at any other hospital		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, please provide details	
Copy of Hand Hygiene Australia training certificate within last 12 months attached		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of Vaccinations (including COVID-19) &/or serology attached		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 will maintain my vaccination status in line with the Australian Immunisation Handbook and NSW Health requirements.			
I also confirm that I have received and read the following.			
<ul style="list-style-type: none"> • Hospital By-laws • Clinical Governance for Doctors Summary • Open Disclosure Policy • 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	