

## Application for Accreditation/Reaccreditation for Non-Procedural GPs providing Residential Aged Care at Ballarat Health Services

SECTION A: ALL APPLICANTS TO COMPLETE			
New Application			<input type="checkbox"/>
Reaccreditation			<input type="checkbox"/>
Are you a GP trainee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of GP Supervisor, please state
PERSONAL DETAILS:			
Given name: Middle name:	Surname:	DOB: _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
PRACTICE DETAILS:			
Principle address:		Provider No: If subject to restrictions please provide full details.	
Phone:	Fax:	Mobile:	Email:
Additional Practice Address (if applicable)		Provider No: If subject to restrictions please provide full details.	
Phone:	Fax:	Mobile:	Email:
Residency Status:			
Australian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Temporary Resident <input type="checkbox"/>	
ACCRM <input type="checkbox"/>	RACGP <input type="checkbox"/>	QA & CPD No:	
Have you met your CPD requirements for the credentialling period? (please include a copy of CPD if possible)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional Requirements – Referee Checks			
<p>General Practitioners <b>NOT</b> previously credentialed for <b>BHS Residential Aged Care Facilities</b> are asked to provide details of two (2) professional referees who are in a position to assess your experience and performance during the previous 3 years and who have no conflict of interest in providing a reference. <b>Please note:</b> Previous employees of BHS are still required to provide (2) professional referees. GPs who have not worked at the Practice for &gt; 6months or not previously worked in Australia are required to obtain 2 professional referees within their Practice and must complete the <b>Additional referee requirements form</b> (your Practice Manager can assist with this).</p>			
Referee 1			
Name:		Position Held:	
Address:		Phone/Mobile:	
Referee 2			
Name:		Position Held:	
Address:		Phone/Mobile:	

**Please note:** The Credentialling Period for Residential Care at Ballarat Health Services is for Five (5) years.

**All applicants must provide evidence of both:**

- Current Unrestricted Medical Registration in Australia: **Please attach copy of AHPRA Medical Registration**  
Medical Registration number: \_\_\_\_\_
- Current Medical Indemnity/Insurance membership: **Please attach copy of Medical Indemnity Insurance**  
Name of MDO Insurer: \_\_\_\_\_ Membership Number: \_\_\_\_\_

1. In the past have you ever had restriction placed on your registration (either in Victoria or elsewhere?)  
Yes  No  (If yes, please provide full details & attach any relevant documents to this form)
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2. Have there ever been or are there currently any pending claims, settlements or judgements against you?  
Yes  No  (If yes, please provide full details & attach any relevant documents to this form)
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3. Has your current or any previous medical defence/insurer ever excluded or reduced any specific area of your practice or terminated or denied you coverage?  
Yes  No  (If yes, please provide full details & attach any relevant documents to this form)
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**SECTION B: AGREEMENT**

***I agree to comply with all of the following undertakings:***

- To ensure that BHS has up to date preferred contact information (telephone, fax, postal address).
- To observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral.
- To maintain my Medical Indemnity Insurance at an adequate level of cover for the duration of my participation in providing Non Procedural Residential Aged Care.
- To keep appropriate clinical records.
- When on leave or ill appropriate arrangements be made for continuing care with an accredited Provider who is credentialed for BHS Residential Aged Care.
- To be familiar with the RACGP "Silver Book" (Medical Care of Older Persons in Residential Aged Care Facilities) available at <http://www.racgp.org.au/guidelines/silverbook>
- I agree to participate in appropriate continuing professional development to obtain and maintain accreditation for Residential Care.
- I authorize BHS to provide patients and their families with my practice details.
- I acknowledge that BHS may conduct research activities and quality assurance programs that General Practitioner or patient participation may be requested.
- I acknowledge that BHS may review the Australian Health Practitioner Agency website to ensure my medical registration is current.
- ***It is an expectation that the General Practitioner provide professional medical services to their patients at the Residential Facility. This constitutes both planned reviews along with medical review requests based on the patient's clinical need.***

Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have a current: iCare username? Yes  No  iCare password? Yes  No

Email address: \_\_\_\_\_

**Please sign and return this form and copies of relevant documentation to:**

**GP Liaison Unit  
Ballarat Health Services, PO Box 577, Ballarat Vic 3353  
Telephone: (03) 5320 6676**

**Hospital Use Only**

Date application received	Date:	
Submitted to Credentialling meeting:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Meeting
Additional documentation required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify
Application approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Letter of appointment sent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: