



Accredited by
Quality Practice
Accreditation Pty Ltd

CERT NO: QPA18-MDS5581

SYDNEY
MEDICAL SERVICE
CO-OPERATIVE
LIMITED



1300 HOME GP
Sydney Medical Service Co-Operative Limited

Locked Bag 1, Panania 2213

Phone: (02) 8724 6300 Fax: (02) 8724 6301

Email: syd_med_service@bigpond.com.au ABN: 67 878 022 161

OFFICE USE ONLY

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JOINT MEMBERSHIP APPLICATION

For use by Medical Practitioners in practice together from a surgery at a specified address. Each Medical Practitioner applying for joint membership must be listed on this application form. If accepted, joint membership entitles Medical Practitioners named to receive the benefits of membership of Sydney Medical Service.

Principal Representative for Joint Members: _____

The Principal Representative shall be, subject to the Rules of Sydney Medical Service, the person entitled to exercise the vote on behalf of joint members, the designated contact if urgent contact required and to whom notices shall be sent.

Mobile Telephone: _____

Home Telephone: _____

Email Address: _____

Provider Number: _____

Number of Surgeries/Practices: _____

Number of Full Time (or Equivalent) doctors: _____

Joint Member Applicant Practice Details:

If there is more than one practice, please provide the details below for each practice on a separate sheet. It is important that separate details be provided for each practice so that Sydney Medical Service can communicate with the appropriate person.

Practice Name: _____

Practice/Applicant ABN: _____

Practice Address: _____

Practice Telephone Number(s): _____

Practice Fax Number(s): _____

Practice Email Address: _____



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Practice Manager:

Primary Contact Doctor for

Practice/Surgery (if different to Principal

Representative):

Joint Member Applicant Details:

These details below must be completed for each person applying for joint membership. If there is insufficient room below, please provide on a separate sheet the details below for each Medical Practitioner applying for joint membership.

1.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
2.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
3.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
4.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
5.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	



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Joint Member Applicant Practice Hours:

	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Public Holidays		

Required Practice Information:

- Does any applicant for joint membership supply after-hours services on weekdays in the period between Sydney Medical Service ceasing to provide services (8.00am) and the opening time of your surgery? **Y N** (please circle)

If yes, during which hours? _____

- Is the surgery an accredited practice? **Y N** (please circle)

- In which Primary Health Network Division (PHN) is the surgery located in?

- How should patient reports be delivered?

Via Fax Via HealthLink Via Mail

If using Healthlink please state your EDI: _____



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5. Do you wish to be notified immediately of urgent pathology results or any deaths during the after-hours period? Y N (please circle)

If yes, Sydney Medical Service will attempt to contact the regular Medical Practitioner of the patient but in circumstances where contact cannot be made, the Principal Representative will be contacted. Please provide a further alternative contact in case the regular Medical Practitioner and Principal Representative cannot be contacted:

Name: _____

Telephone Numbers: _____

(Please note the Principal Representative or alternative nominee may be contacted in unsociable hours when required).

You acknowledge that each applicant for Joint Membership has read and understood the Moribund procedure for Sydney Medical Service and agrees to comply with such procedure. In particular, you and each applicant for Joint Membership agree to inform Sydney Medical Service of any anticipated deaths at which Sydney Medical Service is required to attend and complete the Interim Death Certificate and that the relevant applicant for Joint Membership will be required to complete the Full Death Certificate at the earliest opportunity following the patient's death.

You acknowledge that each applicant for Joint Membership must supply any and all special instructions pertaining to patients in writing to Sydney Medical Service.

Please note that all information provided by on this Application for Joint Membership which is not information in the public domain is for use by Sydney Medical Service only and will not be disclosed to any third party except as is required by law.



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Information regarding Joint Membership:

1. In accordance with its Rules, notice is given to the Applicants for Joint Membership that the following documents are available for inspection at Sydney Medical Service's office at 68 Anderson Avenue, Panania:
 - a. A consolidated copy of its Rules
 - b. Notice of the Subscription fees payable by Members
 - c. Copies of relevant special resolutions passed by the Members, except resolutions providing for an alteration of the Rules
 - d. A copy of the last Annual Report
2. Sydney Medical Service is currently offering registration to all surgeries based on a ZERO fees policy. Should fees ever be re-introduced, each surgery will be contacted prior to commencement of billing.
3. Joint Members shall have one (1) vote between them which may only be exercised by the Principal Representative (subject to the valid appointment of an attorney).
4. Sydney Medical Service may distribute notices to Joint Members by email, fax or post.
5. Cancellation or resignation of Joint Membership must be in writing to Sydney Medical Service and will take effect from the commencement of the following quarter.

By signing the Application for Joint Membership of Sydney Medical Service, you, the Principal Representative, agree and acknowledge on behalf of all applicants for Joint Membership that:

1. The information supplied in this Application for Joint Membership is complete and accurate. You agree to give notice in writing to Sydney Medical Service of any changes to the information supplied in this Application for Joint Membership as soon as is reasonably practicable.
2. If this Application for Joint Membership is accepted, all applicants named in the application will be admitted as a Joint Members of Sydney Medical Service. Each Joint Member will:
 - a. be bound by the Rules of Sydney Medical Service; and
 - b. be entitled to the benefits of membership of Sydney Medical Service (subject to the Rules of Sydney Medical Service)
3. If any other Medical Practitioner commences at the practice nominated on this Application for Joint Membership and wishes to receive the benefits, you will immediately notify Sydney Medical Service of the details of such Medical Practitioner and agree to Sydney Medical Service charging a revised subscription fee based upon the number of Medical Practitioners who shall receive the benefit of the services provided by Sydney Medical Service.



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4. If any Medical Practitioner admitted as a Joint Member leaves the practice, notice will be given to Sydney Medical Service as soon as reasonably practicable of departure because a Joint Member leaving the nominated practice will no longer be entitled to the benefits of membership of Sydney Medical Service.
5. Sydney Medical Service will serve notices on Joint Members by issuing such notices to the Principal Representative only on behalf of all Joint Members (in accordance with its Rules).
6. You, and each of the applicants for Joint Membership, are aware of the boundaries and geographic regions presently covered by Sydney Medical Service and understand that:
 - a. patients who reside outside of those boundaries will not be covered for after-hours care by Sydney Medical Service; and
 - b. it is your responsibility and that of each applicant for Joint Membership to make alternative after-hours arrangements for those patients.

Signature of Principal Representative (on behalf of the Applicants for Joint Membership)

Name

Date