



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

DATE JOINED

JOINT MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER

The Joint Membership Application is for use by surgeries that have more than one permanent practitioner working at the practice. Each Medical Practitioner applying for joint membership must be listed on this form. If accepted, joint membership entitles all Medical Practitioners named to receive the benefits of membership of Sydney Medical Service - 1300 HOME GP.

Return all forms to:

Fax: (02) 8724 6301 Email: admin@sydmed.com.au

Principal GP Representative:

The Principal Representative shall be (subject to the Rules of Sydney Medical Service, 1300 HOME GP) the person entitled to exercise the vote on behalf of all joint members and the designated contact for the surgery to whom notices regarding all clinical matters shall be sent.

Mobile Telephone: _____

Home Telephone: _____

Email Address: _____

Provider Number: _____

Number of Surgeries/Practices: _____

Number of Full Time (or Equivalent) GP's: _____

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: _____

Owner and Company Name: _____

Practice/Applicant ABN: _____

Practice Address: _____

Practice Phone Number(s): _____

Practice Fax Number: _____

Practice Email Address: _____

Practice Manager: _____

Primary Contact Dr for Emergencies: _____



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GP Member 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:	

Joint Member Applicant Practice Hours:

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



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Required Practice Information:

1. 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? _____

2. Is the surgery an accredited practice? **Y / N** (please circle)

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

4. How should patient reports be delivered?

Fax

HealthLink

If using Healthlink for receiving reports please state your EDI: _____

5. Do all your patients live within the geographic boundaries serviced by Sydney Medical Service? (see map on website: <http://www.sydney.com.au/> or contact the office on (02) 8724 6300 for further clarification)

Y N (please circle)

If no, please advise arrangements for the management of patients living beyond the coverage area of Sydney Medical Service during the after-hours period:

6. Preferred Specialists:

1. Pathology: _____ Ph: _____

2. Radiology: _____ Ph: _____

Others (please list):

3. _____ Ph: _____

4. _____ Ph: _____

5. _____ Ph: _____



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7. Preferred Hospital(s):

1. _____ Ph: _____

2. _____ Ph: _____

8. 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 you have read and understood the attached Moribund Procedure and agree to comply with the rules set by Sydney Medical Service in relation to such procedure. In particular, you agree to inform Sydney Medical Service of any anticipated or expected deaths where Sydney Medical Service may be required to attend in order to complete the Interim Death Certificate. Upon doing this you agree that you will 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.



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 or current fee policies if any.
 - 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. A \$10.00 one share value is payable at time of registration for membership. Please find our bank details on page 6.
3. Sydney Medical Service is currently offering all surgeries a ZERO fees policy. Should fees ever be re-introduced, each surgery will be contacted prior to commencement of billing.
4. 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).
5. Sydney Medical Service may distribute notices to Joint Members by email, fax or post.
6. 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 Co-op Ltd – 1300 HOME GP
 - b. Be entitled to benefits of membership of Sydney Medical Service Co-op Ltd – 1300 HOME GP (Subject to the Rules of Sydney Medical Service Co-op Ltd – 1300 HOME GP)
 - c. Agree that Sydney Medical Service Co-op Ltd – 1300 HOME GP will be the sole provider of after-hours cover while the registration remains active with the service.



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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 the terms and conditions listed in this agreement.
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 all Applicants listed)**

Name

Date

Banking Details:

Bank : National Australia Bank
Account name : Sydney Medical Service Co-Operative
BSB number : 082 140
Account number : 53 287 2539
Reference : (name of surgery/company)

Kindly forward remittance advice to reception@sydmed.com.au.