



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: reception@sydmed.com.au

***REQUIRED FIELDS**

***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.

*After hour contact Mobile number: _____

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 Address: _____

*Practice Telephone Number(s): _____

*Practice Fax Number(s): _____

*Practice Email Address: _____

Practice Manager Name: _____

*After hour Contact Person & Mobile number: _____

Primary Contact Doctor for Practice/Surgery (if different to Principal Representative): _____



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

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			



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

Required Practice Information:

1. Do you supply any after-hours services on weekdays when our service ceases to provide visits (from 8.00am) and the opening time of your surgery?

Y N (please circle)

If yes, on what day & during which hours? _____

2. Is your surgery an accredited practice?

Y N (please circle)

3. Which Primary Health Network does the surgery fall under? _____

4. *How would you like to receive your patient reports?

Via Fax

Via 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.sydmed.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: _____

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 (this includes unsociable hours between midnight and 8am) otherwise you will be notified of circumstances next working day.

Y / N (please circle)

If yes please list preferred after-hours contact number: _____



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

You acknowledge that you have read and understood the Moribund Procedure and agree to comply with the rules set by the service in relation to such procedure. In particular, you agree to inform Sydney Medical Service Co-op Ltd – 1300 HOME GP of any anticipated or expected deaths in which we may be required to attend in order to complete an 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 you must supply all special instructions, relating to the treatment of patients (including care plans, palliative or critical care patients), in writing to Sydney Medical Service Co-op Ltd – 1300 HOME GP.

ADDITIONAL COMMENTS BY APPLICANT:

Please note that all information provided by the Applicant 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.

About our service

The co-operative has been attending to patients since 1966 by the amalgamation of two existing after hour services forming one company; this subsequently became a not for profit co-operative. We operate during the entire after hour period. Monday to Friday from 6pm to 8am, Saturday from 12pm until Monday morning 8am, Public Holidays 24 hours. Patients may book via phone, APP or online. Practitioners attend to face to face and we offer telehealth consults where the patient has had a face to face visit within the last 12 months with their regular GP.

Complementing General Practice

We compliment your practice by providing urgent, after hour primary health care to patients at home and aged care facilities. Patients are reminded of the importance to have their own regular GP for ongoing and comprehensive care via our website, brochures, by our call centre by staff and our practitioners at time of visit. Our call centre staff and practitioners encourage patients to see their own GP for all routine consultations and prepare a report that is sent to the nominated GP with the consent of the patient.

Geographical area of operation:

Our coverage areas expand throughout the entire Sydney Metropolitan Area. We cover the Hills districts through Metro Sydney, South Eastern Sydney and the Sutherland Shire regions and the Greater Western Sydney area as far as Penrith through to Campbelltown, Camden and Wollondilly Shire regions.

Accreditation Standards:

We have been accredited to the standards required by the Royal Australian College of General Practitioners (RACGP) Standards for after-hours and Medical Deputising Services 5th edition.



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

Privacy Policy:

The Australian Privacy Principles of the Privacy Act 1988 have been adopted in our Privacy Policy.

Bulk Billing and Fees:

All patients who hold a valid Medicare or Gold Veterans Affairs card are bulk billed. Other patients are charged a fee at time of consultation.

Life Extinct Forms:

A Life extinct form is issued after all vital functions have ceased allowing the patient to be moved to the funeral home selected by the family removing the need for any police or paramedic attendance. GP members may request attendance of such expected circumstances by completing and returning the Palliative / Expected Death form.

Information regarding Membership:

1. In accordance with its Rules, notice is given to the Applicant for Membership that the following documents are available for inspection at the office of Sydney Medical Service Co-op Ltd – 1300 HOME GP at 68 Anderson Avenue, Panania NSW:
 - a. A consolidated copy of its Rules
 - b. Notice of the Subscription fees payable by members or current fee policies (if any exist).
 - 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 registration for membership. Please find our bank details on page 6.
3. Sydney Medical Service Co-op Ltd 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.
4. Sydney Medical Service Co-op Ltd – 1300 HOME GP will distribute all notices and correspondence addressed to the nominated Principal GP at the surgery. We do not send multiple copies to each individual GP within the surgery but rather the nominated principal only. This is sent to the practice via email to the email address nominated on this application or via mail through Australia Post.
5. Cancellation or resignation of membership must be in writing to Sydney Medical Service Co-op Ltd – 1300 HOME GP and will take effect from the commencement of the following quarter.
6. Membership with Sydney Medical Service Co-op Ltd – 1300 HOME GP is considered active by practices nominating the service as their lone after hour provider ensuring the accreditation standard of continued care is maintained at all times.

By signing the Application for Membership with Sydney Medical Service – 1300 HOME GP, you agree and acknowledge that:

1. The information supplied in this Application for Membership is complete and accurate and that after hour contact number details are provided to the service and maintained and updated with the co-operative to assist our practitioner and other medical emergency personnel. You agree to give notice in writing to Sydney Medical Service Co-op Ltd – 1300 HOME GP of any changes to the information supplied in this Application for Membership as soon as is reasonably practicable.



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

2. If this Application for Membership is accepted, the Medical Practitioners named in the application will be admitted as Members of Sydney Medical Service Co-op Ltd – 1300 HOME GP. As a members, each Medical Practitioner 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.
3. If any other Medical Practitioner commences at the surgery nominated on this Application for Membership, you will immediately notify Sydney Medical Service Co-op Ltd – 1300 HOME GP 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. By signing this application you, and each of the applicants for Joint Membership, confirm that you are aware of the boundaries and geographic regions covered by Sydney Medical Service Co-op Ltd -1300 HOME GP and understand that:
 - a. Patients who reside outside of those boundaries will not be covered for after-hours care by Sydney Medical Service Co-op Ltd – 1300 HOME GP
 - b. It is your responsibility and that of each applicant for Joint Membership to make alternative after-hours arrangements for those patients.

**Full Name of Principal Representative
(on behalf of Corporate Member Applicant)**

Signature of Principal Representative:

Date signed by Principal Representative:

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.