

Application for Accreditation

of Visiting Medical Practitioners



LAKEVIEW
PRIVATE HOSPITAL



Dear Doctor

Thank you for your interest in working at Lakeview Private Hospital. Please find enclosed herewith the following documents:

- Application for Accreditation
- Various authorities to release information (Please complete the one that is relevant to your current indemnity company – disregard the ones that are not applicable)
- Working with children Check Information Pamphlet.

Please complete the relevant documents and return as soon as possible so that temporary approval may be granted to you.

Kindly ensure that all “Required Documents” as listed in the Application are submitted with your return mail.

Regards

Jennie McKenna

Administration

Email: accreditation@lakeviewprivate.com.au

P A T I E N T S F I R S T

Lakeview Private Hospital
Application for Accreditation

Surname Please Print	
First Names Please Print	
Business/rooms Address of Applicant	
Telephone Fax Mobile:	B: _____ H: _____ F: _____ M: _____
Email Address:	
Home Address:	
Preferred mailing address:	<input type="checkbox"/> Business <input type="checkbox"/> Residential
Lakeview Private Provider Number:	
D. O. B.	
Working With Children Check Number	WWC: _____ or APP: _____
Undergraduate qualifications: Degrees/Diplomas:	
Year of Graduation: University:	
Post Graduate qualifications: Degrees Diplomas:	
Year of Graduation: University:	
Post Graduate qualifications: Degrees Diplomas:	
Year of Graduation: University	
Nominated Practitioner to contact in the event you are un-contactable (N.B. must be accredited at Lakeview Private Hospital)	

Current Hospital Appointments:	
	Training Hospitals: Overseas Post Graduate Experience: Recent Publications:
Medical Leadership positions:	
Details of clinical activity and outcomes undertaken in last 12 months. Details of completion of CME requirements from appropriate institution.	
Details of involvement in clinical audits, research, peer review activities and continuing medical programs	

Accreditation sought in the following categories:

- | | |
|---|---|
| <input type="checkbox"/> Specialist Practitioner | <input type="checkbox"/> Consultant Emeritus |
| <input type="checkbox"/> Dental Assist | <input type="checkbox"/> Registrar Assist |
| <input type="checkbox"/> GP Assist | <input type="checkbox"/> Nurse Surgical Assist |
| <input type="checkbox"/> CMO | <input type="checkbox"/> Rehabilitation Physician |
| <input type="checkbox"/> Surgical Assist | <input type="checkbox"/> Geriatric Physician |
| <input type="checkbox"/> Allied Health Professional | |

Registered Specialty/ Sub- Specialty:

Accreditation (Please tick):

- Permanent
- Temporary From ___/___/___ to ___/___/___
-

Clinical privileges are sought in the field(s) of: (Not applicable to surgical assistants)

<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Pain Medicine
	<input type="checkbox"/> Epidural Anaesthesia		
<input type="checkbox"/> Oral Surgery			
<input type="checkbox"/> Oral and maxillofacial Surgery			
<input type="checkbox"/> ENT	<input type="checkbox"/> Adult	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Head and neck
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Colonoscopy (GESA Certification*)	<input type="checkbox"/> Gastroscopy (GESA Certification*)	<input type="checkbox"/> Endoscopic Ultrasound (GESA Certification*)
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Laparoscopic Surgery	<input type="checkbox"/> Paediatric
	<input type="checkbox"/> Bariatric Surgery		
<input type="checkbox"/> Geriatric Medicine			
<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Reproductive Endocrinology and Fertility Services		
	<input type="checkbox"/> Laparoscopy	<input type="checkbox"/> Colposcopy	
<input type="checkbox"/> Infectious Diseases			
<input type="checkbox"/> Ophthalmology			
<input type="checkbox"/> Orthopaedic Surgery			
	<input type="checkbox"/> EPA IA22 Radiology License *		
<input type="checkbox"/> Plastic and Reconstructive Surgery			
<input type="checkbox"/> Urology	<input type="checkbox"/> Cystoscopy		
<input type="checkbox"/> Rehabilitation Physician			

Other Privileges sought:

Professional Referees Names and Contact Details

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Preference for Operating Sessions:

Registration

Please record your current registration number with the AHPRA and **provide a photocopy**

Number: _____

Paid to: _____

Are there any restrictions attached to this registration? No Yes

If yes provide details: _____

Medical Defence:

Please record the name of your Medical Defence/Professional Indemnity Insurer and **provide a photocopy**

Registration No.: _____

Paid to: _____

Please attach your usual Curriculum Vitae

Declarations:

Please circle *have/have not*, if have is circled further information may be required by the credentialing committee

I have/have not had disciplinary action against me or sanctions imposed by an organization or registration board.

I have/have not been involved in a criminal investigation and

I have/have not had a conviction against me.

I have/have no physical or mental condition or substance abuse problem that could affect my ability to exercise my requested scope of clinical practice.

I declare that these statements are true and correct. In applying for this position I agree to abide by the policies and procedures of Lakeview Private Hospital and any terms and conditions that may be applied to my appointment by the Medical Advisory Committee

I authorise a member of the Credentialing Committee to seek relevant information to support my application regarding my professional performance and fitness to practice my craft

I agree to participate in educational and quality assurance activities when requested.

Regular signature of applicant: _____

Print Name: _____ Date: _____

Required attachments:

- Copy of Medical Registration
- Copy of Medical Defence details
- Copy of current resume
- Copy WWC check - *in compliance with Lakeview Private Hospital Policy*
- *Copy GESA Certification - *Recertification required every three years.*
- *Copy EPA IA22 Radiology License

AUTHORITY TO RELEASE INFORMATION

Dear Doctor

In order to relieve you of having to copy your registration and professional indemnity each time it is to be renewed, I would seek your permission for Lakeview Private Hospital to request the information from your insurer and the Registration Board direct.

Please complete the following:

I hereby authorise for Lakeview Private Hospital to seek information relating to the category of my membership from the Medical Registration Board and period of cover for my professional indemnity from my insurer.

*****Kindly attach a copy of your current insurance receipt when replying*****

Name: _____

Specialty: _____

Name of Professional Indemnity Insurer: _____

Signature: _____

Date: _____

Yours Sincerely



Rosemary McDonald
General Manager

PATIENTS FIRST

Third Party Disclosure Authority

This Third Party Disclosure Authority form allows you to provide authority to a Third Party/Parties or an Authorised Person nominated by you to access your Membership and Policy information. The Third Party/Parties will have access to your Certificate of Currency, which confirms your indemnity cover including any non-standard terms that have been issued (if applicable). Any Authorised Person you nominate will be able to act on your behalf in relation to your Membership and Policy, depending on the level of authority that you provide.

If you choose to do this you can be assured that we will take reasonable steps to protect your personal information from unauthorised access in accordance with the Privacy Act 1988 (Cth). You can view our Privacy Policy at mdanational.com.au or contact us on **1800 011 255**. We will also appropriately identify any Third Party/Parties or Authorised Person when they contact us.

Please return this form to us either by:

Email: peaceofmind@mdanational.com.au

Fax: 1300 011 244

Post: MDA National, Reply Paid 85186, SOUTHBANK VIC 3006

1. My personal details

Member number:

First name:

Last name:

Preferred mailing address

Email:

Telephone:

2. Authority type

Please select from the following options:

I authorise MDA National Insurance to provide a copy of my Certificate of Currency to:

The following Hospital/Practice(s) (please provide full name and address):

a) Lakeview Private Hospital, 17-19 Solent Circuit, Norwest NSW 2153

b) _____

c) _____

Any third party. This may include, but is not limited to hospitals, employers, employees or medical boards. It is important to be aware that by selecting this option you are authorising your Certificate of Currency to be provided to any third party.

I authorise MDA National Insurance to provide my nominated Authorised Person, or any person who provides the below password, with access to the following (please tick the appropriate box(es) below nominating your preference):

Information relating to my Membership and Policy

Make amendments to my Membership and Policy such as my contact details, field of practice and/or Gross Annual Billings

Information relating to any claims, investigations and inquiries that relate to me

Please select one of the following options:

My nominated Authorised Person is:

First name:

Last name:

Date of birth:

Or, any person who provides the following password: (Limit 8 characters)

If selecting the password option, the password must be provided prior to MDA National Insurance disclosing any of your information. It is your responsibility to maintain the confidentiality of your password and only provide it to any person/s you authorise to act on your behalf. MDA National Insurance will not be responsible for verifying that any person using your password has been properly authorised by you to do so.

*Your password can be changed at any time by contacting our Member Services team on **1800 011 255** and the authorisation will remain current until it is revoked by you.*

Please sign and date here

Signed:

Date: / /

Authority to Release Information

I, _____ ,
Avant Insured's Full Name

Avant Member ID _____
Member Code or Member Number

hereby authorise Avant Insurance Limited (ACN 003 707 471) to provide confirmation of my indemnity insurance to the medical facility/ies(named in full) listed as follows:

Lakeview Private Hospital

17-19 Solent Circuit, Norwest NSW 2153

The information provided may include the following details:

- name
- address
- Avant member ID
- policy number
- policy start and end dates
- policy limit
- category of practice
- State of practice

This authority will continue until otherwise revoked in writing by myself.

Signed: _____ Date: _____
Avant Insured's Signature

This completed form should be returned to Avant Insurance Limited:

- by fax to 1800 228 268
- by mail to PO Box 746, Queen Victoria Building NSW 1230

Important information

- MIPS takes your privacy seriously. Any personal information MIPS collects from you on this form or any other way is held securely and in accordance with the *The Privacy Act 1988* (Cwlth). This legislation restricts how an organisation collects, uses, discloses and stores personal information. MIPS is bound by this legislation, and is unable to provide any details regarding your membership to anyone other than yourself without your written authority.
- This form should be used by members who wish to allow a third party (ie a 'nominated representative') such as spouse, relative, practice manager or employer to obtain information regarding their MIPS membership or if nominated make amendments to their membership contact details.
- The nominated representative will not be able to make changes to membership details (eg membership category or practice state, cancel membership or access any non-membership information such as claims data).
- Requests are replied to by email to the nominated representative.
- Nominated businesses authorities (eg organisations/hospitals) will be held with the business not an individual.
- Individuals nominated by a business will be used as a contact person only.
- Contact number, email and relationship (eg spouse, relative, employer, and practice manager) must be provided for all delegations.
- Date of birth is not required for nominated businesses.

Please ensure that you read the important information section above. All sections are to be completed, please print clearly.

Step 1: Member details

Title

Surname

First names

Member number

Date of birth

Mobile

Alternate phone

Email (please print clearly)

Step 2: Nominated representative

Title

Surname

First names

Business name (if applicable)

Business address (if applicable)
Address

Suburb

Postcode State

Country

Relationship (eg spouse)

Date of birth

Mobile

Alternate phone

Email (please print clearly)

Step 3: Member declaration

I authorise MIPS to provide personal information relating to my membership such as the category of my membership, my period of membership cover and any other details relevant to demonstrating that I am a member, to the nominated business or individual representative outlined above. I understand I may revoke this delegation at any time by advising MIPS. I understand it is my responsibility to advise MIPS if any existing delegation of authorities is to be removed.

I authorise my nominated representative to make amendments to my membership contact details (e.g. correspondence address): No Yes.

Signature

[Sign here](#)

Date

Completed application forms can be mailed or emailed. PO Box 25 Carlton South Vic 3053 | info@mips.com.au

To apply for a Working With Children Check

- Fill out an online application form at www.newcheck.kids.nsw.gov.au
- When you have completed the application form, you will receive an Application number (APP) by email.
- Take this Application number and proof of your identity to a NSW motor registry or NSW Government Access Centre. If you are in paid work, you will also need to pay a fee of \$80.
- Your Application number can be used by an employer to verify your Check status. If the outcome of the verification is 'application in progress' you are allowed to begin working with children.
- Once your application has been processed and you are cleared, you will receive your Working With Children Check number (WWC) by email (or post if you do not have an email address).

Already in child-related work as a paid employee or volunteer?

If you are currently in child-related work you will be required to obtain a new Working With Children Check as part of an industry phase-in schedule.

To find out which sector you belong to and when you need to obtain a new Working With Children Check go to www.newcheck.kids.nsw.gov.au

Employers need to check the Check!

To comply with the legislation, employers need to go online to verify the status of a Working With Children Check number for any paid or volunteer staff in child-related work.

The Working With Children Check application number (APP) provides information on barred applicants and those who are subject to an interim bar.

Barred or interim barred persons will not be issued with a Working With Children Check clearance number (WWC). Employers need to verify the APP numbers for applicants so we can share this information.

The system also continuously checks for any new relevant criminal or workplace records.

Online verification is an important tool for employers to keep children safe in their organisation.

Employers must not rely on a notification or email from an employee or volunteer containing an application or clearance number. You must go online to check the Check is current and valid.

To register as an employer go to www.newcheck.kids.nsw.gov.au

Need help or assistance?

Telephone: (02) 9286 7276
Email: newcheck@kids.nsw.gov.au
Visit: www.newcheck.kids.nsw.gov.au
TIS: 131 450
TTY: 133 677 or 1300 555 727

the working
with children
check 

A Working With Children Check is a prerequisite for anyone in paid or voluntary child-related work in NSW.

The process involves a national police check and a review of findings of misconduct.

The result is either a clearance to work with children for five years or a bar against working with children.

Barred applicants may not work or volunteer with children.

A Working With Children Check is one of the tools available to keep children safe.

Having good child-safe policies and practices also helps to create safer environments for children.

For more information about being a 'child safe' organisation go to www.newcheck.kids.nsw.gov.au

Promoting and regulating quality, child safe organisations and services



Who needs a Working With Children Check?

Only people in child-related work need to apply for a Check. Under the *Child Protection (Working With Children) Act 2012*, child-related work is defined as:

1. Face-to-face contact with children in one of the following sectors:
 - Child development and family welfare services
 - Child protection
 - Children's health services
 - Clubs or other bodies providing services for children
 - Disability services
 - Early education and child care
 - Education
 - Entertainment for children
 - Justice centres
 - Religious services
 - Residential services
 - Transport services for children
 - School cleaning
 - Youth work;
2. Work in one of the following roles:
 - An approved provider or manager of an education and care service
 - A certified supervisor of an education and care service
 - An authorised carer
 - An assessment officer
 - The principal officer of a designated agency
 - The principal officer of an accredited adoption service provider
 - An adult who lives at the home of an authorised carer
 - An adult who shares the home of a:
 - home-based education and care service
 - family day care service
 - A potential adoptive parent.

Additional roles may be designated as child-related by employers with the permission of the Office of the Children's Guardian.

Who is exempt from a Working With Children Check?

The following roles, services and sectors are exempt:

- Administrative, clerical or maintenance work, or other ancillary work, that does not ordinarily involve contact with children for extended periods.
- Work with minimal direct contact or unsupervised contact with children, done for no more than five days in a calendar year.
- Informal domestic arrangements not carried out on a professional or commercial basis.
- Work with close relatives of the worker (not including work as an authorised carer).
- Volunteering by a parent or close relative of a child (except where the work is part of a formal mentoring program or involves intimate personal care of children with a disability):
 - a) in activities for the child's school, early education service or other educational institution OR
 - b) with a team, program or other activity in which the child usually participates or is a team member.
- A visiting speaker, adjudicator, performer, assessor or other similar visitor at a school or other place where child-related work is carried out if the work of the person at that place is for a one off occasion and is carried out in the presence of one or more other adults.
- A health practitioner in private practice, if the practice does not ordinarily involve treatment of children without one or more other adults present.
- A health practitioner who is working in and visiting New South Wales from outside the State, if the period of work does not exceed a total of five days in any period of three months.
- A co-worker or work supervisor where a child works.
- Work by an interstate visitor:
 - a) in a one-off event such as a jamboree, sporting or religious event or tour, if the event is the only child-related work carried out by the worker in NSW in that calendar year and the period of work does not exceed 30 days
 - b) who holds an interstate working with children check, or is exempt from the requirement to have such a check in his or her home jurisdiction, whose child related work in NSW is for no more than 30 days in any calendar year.
- NSW Police or Australian Federal Police officers in their capacity as police officers.
- Home carers accredited with a current police certificate for aged care, for home care work where the clients are not primarily children.
- People under the age of 18.

If your work falls into one of the following categories, it is also **not considered to be child-related**:

- Work as a student in the course of a student clinical placement in a hospital or other health service.
- Work as a referee, umpire, linesperson or otherwise as a sporting official or a groundsperson if the work does not ordinarily involve contact with children for extended periods without other adults being present.
- Work in providing respite care or other support services primarily for children with a disability is child-related work; but it is not child-related work if the work does not ordinarily involve contact with children for extended periods without other adults being present.
- Providing food or equipment at or for a sporting, cultural or other entertainment venue or providing a venue.

