

## Locum or new GP notification

Please complete the below information and return to Libby Harper, Practice Development Programme Support  
[libby.harper@pinnacle.health.nz](mailto:libby.harper@pinnacle.health.nz) or post to PO Box 983, Hamilton 3240.

Name of practice: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

MCNZ number: \_\_\_\_\_ HPI number: \_\_\_\_\_

Doctor email address: \_\_\_\_\_

	<b>Locum GP</b> <i>one month or more</i>	Please supply details below <i>notification only required if locum working at practice for one month or more</i>
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	<b>GP owner/director</b>	Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	<b>Employee</b>	Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	<b>Contractor (long-term)</b>	Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	<b>GPEP/registrar</b>	Membership optional <i>available on request</i>
	<i>Other (please state)</i>	

Start date: \_\_\_\_\_ Annual practicing certificate expiry date: \_\_\_\_\_

Anticipated FTE/week: \_\_\_\_\_ OR hours/week: \_\_\_\_\_

Submitted on behalf of the practice by

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

Position held: \_\_\_\_\_