

Pinnacle Incorporated

Locum or New GP – Notificaton Form

NAME of PRACTICE:

NAME of DOCTOR:

MCNZ Reg #:

HPI #:

PLEASE CLICK ON BOX TO SELECT:

<input type="checkbox"/>	Locum GP (one month or more)	- Please supply details below (notification only required if locum working at practice for one month or more)
<input type="checkbox"/>	GP Owner / Director	- Pinnacle Inc. Membership required (documentation will be sent on receipt of this notification)
<input type="checkbox"/>	Employee	- Pinnacle Inc. Membership required (documentation will be sent on receipt of this notification)
<input type="checkbox"/>	Contractor (Long-term)	- Pinnacle Inc. Membership required (documentation will be sent on receipt of this notification)
<input type="checkbox"/>	GPEP/Registrar	- Membership optional (available on request)
<input type="checkbox"/>	Other? Please state	

START DATE: Anticipated FTE/week: or HOURS/week:

ANNUAL PRACTISING CERTIFICATE CHECKED:

EXPIRY DATE:

SUBMITTED ON BEHALF OF THE PRACTICE BY:

NAME: DATE:

POSITION HELD:

PLEASE COMPLETE AND RETURN TO MOIRA HUBBARD

EMAIL: Yazmin.Dorey@pinnacle.health.nz