THE SYDNEY PRIVATE HOSPITAL
MACQUARIE HEALTH CORPORATION

63 Victoria Street, ASHFIELD NSW 2131
Tel: (02) 9797 0555 Fax: (02) 9798 8561
ABN: 97 094 662 914

RE-APPLICATION FOR VISITING RIGHTS

1. SPECIALTY REAPPLIED FOR: _____

1.1 PLEASE PROVIDE A LIST OF PROCEDURES OR A REVIEWED SCOPE OF PRACTICE YOU INTEND TO PERFORM HERE BELOW:

_____

2. QUALIFICATIONS: _____

3. I AM AWARE THAT SHOULD THIS APPLICATION BE SUCCESSFUL THAT COMPLIANCE WITH THE RELEVANT BY-LAWS, OCCUPATIONAL HEALTH & SAFETY POLICIES AND RULES AND REGULATIONS OF THE SYDNEY PRIVATE HOSPITAL – ASHFIELD IN SO FAR AS THEY RELATE TO THIS POSITION, WOULD BE EXPECTED.

I AM AWARE THA T I MUST TAKE REASONABLE STEPS TO KNOW MY OWN INFECTIOUS DISEASE AND VACCINATION STATUS (AT MY OWN COST) AND MINIMISE THE RISK OF TRANSMITTING INFECTIOUS DISEASES.

A COPY OF SUCH BY-LAWS, RULES AND REGULATIONS WILL BE SUPPLIED BY ADMINISTRATION ON ACCREDITATION.

4. SURNAME: _____ **GIVEN NAME/S:**_____

5. DATE OF BIRTH: _____

6. PROVIDER NO.: _____ **7. PRESCRIBER NO:** _____

8. ADDRESS:

8.1 PROFESSIONAL:_____

_____

POSTAL:_____

TELEPHONE:_____FAX:_____

MOBILE:_____

EMAIL:_____

8.2 RESIDENTIAL: _____

_____TELEPHONE:_____

PLEASE PROVIDE A COPIES OF YOUR

PHOTO ID ☐

POLICE CHECK ☐

AHPRA REGISTRATION ☐

INDEMNITY INSURANCE CURRENCY ☐

WORKING WITH CHILDREN CHECK (WWCC) CLEARANCE ☐
https://wwccheck.ocg.nsw.gov.au/Apply

9. DETAILS OF REGISTRATION: (Registration means, in the case of a Medical Practitioner, Registration under the NSW Medical Practitioner Act No. 37, 1938, as amended. Where an applicant is other than a Medical Practitioner it means such Registration as may be required either by statue or the various authorities in the State.)

9.1 DATE ISSUED:_____ REG. NO:_____

TYPE:_____ DATE EXPIRES: _____

10. ARE YOU A MEMBER OF A MEDICAL DEFENCE ORGANISATION? YES ☐ NO ☐

10.1 NAME OF INDEMNITY INSURANCE PROVIDER: _____

11. HOSPITAL APPOINTMENTS (please list dates)

CURRENT:_____

_____

12. CONTINUING EDUCATION (please provide us with a copy of your CV).
Please list any educational achievements since completing your last application for visiting rights.

If this space is insufficient, please attach a separate piece of paper.

13 A COPY OF THE BYLAWS IS ATTACHED. PLEASE EMAIL IF YOU DID NOT RECEIVE A COPY.

I ACCEPT AND AGREE TO ABIDE BY THE BY-LAWS AND POLICIES OF THE SYDNEY PRIVATE HOSPITAL – ASHFIELD.

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

HOSPITAL USE ONLY:

Registration checked: **Insurance checked:** **WWCC checked:** ☐

Approved by Hospital Director _____ **Date:** _____

Submitted to Medical Advisory Committee ☐
MAC Chairman Signature _____

MAC Medical Rep Signature _____

Applicant notified: ☐ **Date:** _____ **Submitted to Board:** ☐ **Date:** _____

Have we reviewed staff feedback? ☐

Have we reviewed?

i) Incident data ☐ **ii) Complaint data** ☐ **iii) Patient feedback** ☐

Have we noted AHPHA notifications ☐ **or conditions?** ☐ **N/A** ☐