

**MID NORTH COAST (NSW)  
DIVISION OF GENERAL PRACTICE**



**MEMBERS QUESTIONNAIRE**

Surname: ..... First Name: .....

QA & CPD Number: ..... Provider No.: .....

ACCRM or RACGP? .....

Sex: Female / Male Date of Birth: ..... Country of Birth: .....

Practice Address: .....

Home Address: .....

Phone Numbers: Work: ..... Home ..... Mobile.....

Fax Numbers: Work: ..... Home .....

Work Email Address: .....

ABN: ..... Are you registered to collect GST? YES / NO

University of Graduation: .....

Degrees, diplomas, awards: .....

Languages (other than English) spoken fluently\*: .....

\* Well enough to communicate with patients

Hospital Appointments: .....

Your Medical Defence Union .....

Memberships of Medical organisations .....

(eg. RACGP, AAGP, AMA, PDA, DRS)

**Are you Vocationally Registered:**

Recognised as a specialist GP by the RACGP. If no please indicate if your medical registration is "full" or "conditional"

- Yes     No ► **If No**     Full Registration  
OR  Conditional Registration

**If not Vocationally Registered are you?**

Tick relevant box

- Overseas trained doctor in an "Area of Need Position"  
 Temporary Resident Doctor  
 Registrar (RACGP)  
 OMP (Other Medical Practitioner)  
 Other (Specify)

**Which option most accurately describes your primary working situation?** Mark one box only

- Resident GP  
 GP Locum  
 Registrar

- On leave (e.g. maternity, study)  
Type of leave \_\_\_\_\_  
 Other Specify \_\_\_\_\_

**Which option most accurately describes your secondary working situation (if applicable)?** Mark one box only

- N/A  
 Resident GP  
 GP Locum

- Hospital based GP  
 Other \_\_\_\_\_

How many hours per week do you work as a GP Representative/Delegate? for

Division/State Health/RWA etc

N/A

How many hours per week do you work teaching or supervising?  N/A

How many hours per week do you work in routine GP clinical work? Including clinical administration but excluding on call and hospital work

**Total hours worked per week:**  
INCLUDE ALL work relating to the profession including GP, hospital, divisional, public health etc. but exclude on call hours *not worked*.

Is your workforce participation:  Full Time  Part Time

**No. of routine GP sessions per week:**  
One session is a full morning or afternoon surgery session in GP rooms

**Average length of Session (hrs)**

Do you see Aboriginal Patients? YES / NO Does your Practice host Medical Students? YES / NO

Do you use Computers in your Practice? If so please indicate what hardware and software you are using:

.....

.....

.....

.....

Do you currently practice in any of the following areas? Obstetrics / Anaesthetics / Surgery / Radiology

What special interest do you have? .....

Would you be willing to do locum work in the Mid North Coast? YES / NO

How would you like to receive the Division's Annual Report?  By Post (hard copy sent to the practice)

Access it yourself on Division Website at [www.mnacdgp.org.au](http://www.mnacdgp.org.au).

**Thank you for completing this questionnaire.**

**Please return to the Mid North Coast Division of General Practice with your Membership form.**