PART 1.1 to 1.3 (TO BE COMPLETED BY PROPOSED SUBCONTRACTOR)

1.1 Subcontractor (Medical Practitioner personal details)

Surname:	First Name:	
Address:	City/Suburb:	
State:	Postcode:	
Ph/Mobile:	Date of Birth:	
Medical Board of Australia AHPRA Registration Number:		

1.2 Period sought for the provision of subcontracted Medical Services (these dates may differ from the MSA Contract dates)

From:		To:		
Scope(s) of practice:				
Site(s) where services to be provided:				

[Note: term not to exceed expiry date of the Medical Services Agreement specified at Item 2.1 below]

1.3 Declaration of proposed subcontractor

I declare that all the information provided is true and correct, and I agree to comply with the Terms and Conditions attached to this Application to Subcontract Medical Services.

Subcontractor Full Name: _____ _____ Signature: _____ Date: ____ / ____ / ____

PART 2.1 to 2.2 (TO BE COMPLETED BY THE CONTRACTOR)

2.1 Contract details

Name of Contractor:	Medical Service Agreement No:	
Commencement date:	Expiry date:	

2.2 Contractor's nomination of Proposed Subcontractor and Declaration

I, the Contractor, apply to subcontract the Medical Practitioner named above, the performance of Medical Services at the Hospital(s) as set out above in Part 1.2, pursuant to the terms and conditions of the Medical Services Agreement, and Part 4 of this application. I declare that, to the best of my knowledge and belief, all the information provided is true and correct.

Contractor Full Name:	_ Signature:	 Date:	/	//	

PART 3.1 (HOSPITAL USE ONLY)

Authorised by Director Clinical Services (DCS) Regional Director Medical Services (RDMS) full name:

 Telephone:
 Date:
 /

Future period sought for the provision of subcontracted Medical Services (these dates may differ from the MSA Contract dates)				
From:	To:	RDMS Signature:	Date:///	
From:	To:	RDMS Signature:	Date: / /	

[Note: term not to exceed expiry date of the Medical Services Agreement specified at Item 2.1]