

Locum or new GP/NP notification

Please complete the below information and return to Shannon Poupard-Rupapera, Practice Support Administrator
shannon.poupard-rupapera@pinnacle.health.nz.

Name of practice: _____

Name of Practitioner: _____

MCNZ/NCNZ number: _____ HPI number: _____

Practitioner email address: _____

	Locum GP <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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	GP owner/director	Eligible for Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	Employee	Eligible for Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	Contractor (long-term)	Eligible for Pinnacle Inc. membership required <i>documentation will be sent on receipt of this notification</i>
	GPEP/registrar	Membership optional <i>available on request</i>
	Other (please state)	

Start date: _____ Annual practicing certificate expiry date: _____

Anticipated FTE/week: _____ OR hours/week: _____

Submitted on behalf of the practice by

Name: _____ Date: _____

Position held: _____