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/NP *One month or more*	Please supply details below *Notification only required if locum working at practice one month or more*

	GP/NP Owner/director	Eligible for Pinnacle Incorporated Membership *Documentation will be sent on receipt of this notification*
	Employee	Eligible for Pinnacle Incorporated Membership *Documentation will be sent on receipt of this notification*
	Contractor (long-term)	Eligible for Pinnacle Incorporated Membership *Documentation will be sent on receipt of this notification*
	GPEP/registrar	Membership optional *Available on request*
	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: _____