



## When to use this form

Use this form to apply for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

## Eligibility

To be eligible to participate in the PIP and/or the WIP - Practice Stream and to receive incentive payments, a practice must provide documented evidence that:

- it is accredited or it is registered for accreditation, **and**
- at least one general practitioner at the practice has completed **Part F – Individual general practitioner or nurse practitioner details and declaration** of this form.

## Practice accreditation requirements

To be eligible to participate in the PIP and/or the WIP - Practice Stream, a practice must be accredited or registered for accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for general practices (the Standards).

Accreditation must meet the RACGP Standards and be noted on the certificate provided by the accrediting body. Accreditation certificates with the notation 'Approved Medical Deputising Service (AMDS)/After Hours Medical Deputising Service (AHMDS)' standards are not eligible for the purposes of the PIP and the WIP - Practice Stream.

Practices must make sure their accreditation is up-to-date at all times. Practices registered for accreditation are required to achieve accreditation **within 12 months** of joining the program.

If accreditation is **not obtained after 12 months** of joining the program, the practice will not be eligible for any further payments until accreditation is received irrespective of any extensions to the registered for accreditation certificate.

If your practice is applying as a PIP consenting practice, the practice's accreditation details registered in the PIP will be used for the WIP - Practice Stream.

## Definition of general practitioners and nurse practitioners

**For the purpose of the PIP and the WIP - Practice Stream, general practitioners include:**

- general practitioners
- non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services but are not general practitioners
- fellows of the Royal Australian College of General Practitioners (RACGP)
- fellows of the Australian College of Rural and Remote Medicine (ACRRM)
- vocationally registered general practitioners, **and**
- medical practitioners undertaking approved training.

For the purpose of the PIP and the WIP - Practice Stream, a nurse practitioner is a person who is endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia.

Registration requirements for nurse practitioners can be found at the Nursing and Midwifery Board of Australia website [nursingmidwiferyboard.gov.au](http://nursingmidwiferyboard.gov.au)

## Benefits of linking your PIP and WIP - Practice Stream practice details

If your practice is already participating in the PIP and applying for the WIP - Practice Stream, or applying for both programs, you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP - Practice Stream:

- practice name and main address
- eligibility details, such as accreditation, public liability insurance and indemnity insurance
- bank account details
- contact details
- location details
- ownership details
- general practitioner details, and
- your Standardised Whole Patient Equivalent (SWPE).

When you have become a PIP consenting practice, your practice IDs will become identical and you will only need to update your practice details in your PIP profile. You will not need to make the same updates to your WIP - Practice Stream profile.

## Important information

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make claims and update your practice details through HPOS. Lodgements through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to [servicesaustralia.gov.au/hpos](http://servicesaustralia.gov.au/hpos)

If you are unable to apply using HPOS, you can complete this form and fax it to us for manual processing.

## Structure of this form

This application comprises a number of parts. Parts C and D of this form are optional but **all other parts must be completed**.

- **Part A** – Eligibility requirements and practice details
- **Part B** – Additional practice branches
- **Part C** – Individual PIP Incentives (optional)  
If you want to apply for all or any of the individual incentives at a later date, you can apply through HPOS.
- **Part D** – Workforce Incentive Program - Practice Stream (optional)  
If you want to apply for this program at a later date, you can apply through HPOS.
- **Part E** – Practice ownership details
- **Part F** – Individual general practitioner or nurse practitioner details and declaration.

## eHealth Incentive and Quality Improvement Incentive

To be eligible for the eHealth Incentive and the Quality Improvement Incentive, practices must meet the requirements as set out in the relevant guidelines available at [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip)

Practices can only apply for the eHealth Incentive and the Quality Improvement Incentive through HPOS. Once the practice registration process for the PIP is completed and you have been issued with a PIP practice ID, you can apply for these incentives through HPOS.

## Additional PIP incentives

Practices, general practitioners and nurse practitioners **do not** need to apply for the additional PIP incentives.

### 1. General Practitioner Aged Care Access Incentive

General practitioners **do not** need to apply to participate in this incentive. Only general practitioners from practices registered for the PIP can participate in this incentive. We will seek nominated bank account details from general practitioners who are eligible for payments through this incentive. For more information, refer to the **PIP General Practitioner Aged Care Access Incentive Guidelines** available at [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip)

### 2. Rural Loading

Practices registered for the PIP **do not** need to apply to receive a rural loading payment. If your main practice address is located in a Rural, Remote and Metropolitan Areas (RRMA) classification 3–7, we will automatically calculate the loading and add it to your practice payment. For more information, refer to the **PIP Rural Loading Guidelines** available at [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip)

### 3. Teaching Payments

Practices registered for the PIP **do not** need to apply to claim teaching payments. A university must complete and sign the university certification section of the claim form before the student attends the teaching session(s) at the practice. After the teaching session(s) the student and the general practitioner must sign the student attendance section of the claim form. For more information, refer to the **PIP Teaching Payment Guidelines** available at [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip)

## Program Guidelines

Practices **must** read the relevant guidelines for each program and individual incentive they are applying for to make sure they meet all of the ongoing eligibility requirements. To obtain a copy of the relevant guidelines for the PIP and the WIP - Practice Stream, go to [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](https://servicesaustralia.gov.au/practicestream)

## Change of practice arrangements

Changes to practice arrangements can impact on your practice's eligibility to participate in the PIP and the WIP - Practice Stream and/or the calculation of incentive payments.

All correspondence will be sent to the primary authorised contact person at the postal address provided in **Part A – Eligibility requirements and practice details** of this form. The primary authorised contact person is responsible for notifying us of changes:

- **online**, by accessing HPOS at [servicesaustralia.gov.au/hpos](https://servicesaustralia.gov.au/hpos)  
Most changes made through HPOS are effective immediately and therefore can be made up to and on the relevant point-in-time date, or
- **offline**, by completing the relevant form available at [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](https://servicesaustralia.gov.au/practicestream) and faxing it to **1300 587 696** for manual processing **at least 7 days** before the relevant point-in-time date.

## For more information

Go to [servicesaustralia.gov.au/pip](https://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](https://servicesaustralia.gov.au/practicestream)

Email [pip@servicesaustralia.gov.au](mailto:pip@servicesaustralia.gov.au) or [wippractice@servicesaustralia.gov.au](mailto:wippractice@servicesaustralia.gov.au)

There may be risks with sending personal information through unsecured networks or email channels.

If you need assistance completing this form, call **1800 222 032** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Call charges may apply.

## Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## PART A — Eligibility requirements and practice details

### Eligibility requirements

- 1** It is an entry requirement of the PIP and the WIP - Practice Stream, that the practice has current public liability insurance with a minimum of \$10 million for the main practice address and each additional practice branch.

Does your practice have current public liability insurance?

No  Your practice is **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

- 2** Do all practice general practitioners and nurse practitioners have current professional indemnity cover?


No  Your practice is **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

- 3** It is an entry requirement of the PIP and the WIP - Practice Stream that the practice is accredited or registered for accreditation.


Is your practice accredited against the RACGP Standards for general practice?

No

Yes   Provide a copy of your current accreditation certificate.  
**Go to 5**

- 4** Is your practice registered for accreditation under the RACGP Standards for general practice?

No  Your practice is **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes   Provide a copy of your current registered for accreditation certificate.

### Practice details

- 5** Which program do you want to apply for?

**Tick all that apply**

PIP

WIP - Practice Stream

- 6** Practice name

- 7** Practice type

**Tick one only**

General Practice

Aboriginal Medical Services (AMS)

Aboriginal Community Controlled Health

Services (ACCHS)

- 8** Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of services per year.

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State

Postcode

- 9** Practice phone number (including area code)

Practice fax number (including area code)

Practice email

- 10** Postal address (if different from question 8)

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Postcode

Notifications will be sent via your HPOS messages facility. Make sure you have created a PRODA account.

- 11** Indicate if you **do not** want to use the HPOS messages facility for the following notifications:

**Tick all that apply**

Payment advices and news update

Confirmation statements

General correspondence

## 12 Authorised contact person(s)

The authorised contact person(s) must be nominated by the owner(s) of the practice to act on behalf of the practice in relation to the Incentive Programs and will receive all correspondence from us in relation to the Incentive Programs.


The authorised contact person(s) is responsible for notifying us of changes in practice arrangements **at least 7 days** before the relevant point-in-time date.

If the authorised contact person(s) has a PRODA account, the Registration Authority (RA) number should be provided in the space below.


The RA number will be used to allow access to PIP and WIP - Practice Stream Online.

A practice may nominate up to 5 authorised contact persons.


### Primary authorised contact person 1

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Signature					
<input type="text"/>			Date (DD MM YYYY)		
			<input type="text"/>		


### Authorised contact person 2

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Signature					
<input type="text"/>			Date (DD MM YYYY)		
			<input type="text"/>		


### Authorised contact person 3

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Signature					
<input type="text"/>			Date (DD MM YYYY)		
			<input type="text"/>		

## Authorised contact person 4

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Signature					
<input type="text"/>			Date (DD MM YYYY)		
			<input type="text"/>		

## Authorised contact person 5

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Signature					
<input type="text"/>			Date (DD MM YYYY)		
			<input type="text"/>		

## Bank account details

All Incentive payments are made through Electronic Funds Transfer (EFT). Incentive payments for the PIP and the WIP - Practice Stream **cannot** be paid via EFT if the nominated account has restrictions on EFT deposits.

## 13 Name of bank, building society or credit union

<input type="text"/>
Branch number (BSB)
<input type="text"/>
Account number (this may not be the card number)
<input type="text"/>
Account held in the name(s) of
<input type="text"/>

## PART B — Additional practice branches

If your practice provides services from more than one location, the practices may be eligible to join the PIP and/or the WIP - Practice Stream as one practice. For more information, refer to the relevant guidelines available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip) or [servicesaustralia.gov.au/practicestream](http://servicesaustralia.gov.au/practicestream)

**14** Does your practice have more than one location?

No  **Go to Part C – Individual PIP Incentives**

Yes

**15** If you answer **No** to this question, your additional practice branch(es) will not meet the eligibility requirements for being considered as one practice. We will process this application for the main practice address only.

Do one or more general practitioners from the main practice address also practise at the additional practice branch(es)?


No  **Go to Part C – Individual PIP Incentives**

Yes

### Address of additional practice branch(es)

Additional practice branches providing 3,000 or more services per year must be accredited, or registered for accreditation.

**16** Complete the details below for each additional practice branch wanting to participate in the PIP and/or the WIP - Practice Stream.

 Provide a copy of your current accreditation certificate for each accredited or registered for accreditation additional practice branch.

#### Additional practice branch 1

Full practice address

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

The additional practice branch is:

**Tick one only**

Accredited in its own right

Registered for accreditation in its own right

Neither of the above

#### Additional practice branch 2

Full practice address

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

The additional practice branch is:

**Tick one only**

Accredited in its own right

Registered for accreditation in its own right

Neither of the above

#### Additional practice branch 3

Full practice address

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

The additional practice branch is:

**Tick one only**

Accredited in its own right

Registered for accreditation in its own right

Neither of the above

If you need more space, provide a separate sheet with details.

## PART C — Individual PIP Incentives

Only complete the incentives for which your practice is applying. If you want to apply for any of these incentives at a later date, you can apply through HPOS.

### Indigenous Health Incentive

To be eligible for this incentive, the practice must meet the requirements as set out in the **PIP Indigenous Health Incentive Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

**17** Does your practice agree to:

- obtain consent to register your eligible Indigenous patients for the PIP Indigenous Health Incentive, **and**
- establish and use a follow-up mechanism for your Indigenous patients (for example, through the use of a recall and reminder system, or staff actively seeking out their patients to make sure they return for ongoing care)?

No  Your practice is **not eligible** for this incentive.

Yes

**18** Does your practice agree to make sure that at least 2 staff members from the main practice address and each additional practice branch, one of whom must be a general practitioner, will undertake appropriate cultural awareness training **within 12 months** after signing on for the incentive?

Practices, such as those under the management of an Aboriginal Board of Directors, or a committee comprising predominately of Aboriginal community representatives **do not** need to meet the cultural awareness training requirement. If this is the case, select **N/A** for your response.

No  Your practice is **not eligible** for this incentive.

Yes

N/A

### After Hours Incentive

To be eligible for the PIP After Hours Incentive, the practice must meet the requirements set out in the **PIP After Hours Incentive Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

#### Core eligibility requirements

1. Be registered for the PIP and maintain eligibility for the entire quarter before the payment month.
2. Provide after hours care for patients in accordance with the RACGP Standards for general practices.
3. Clearly communicate after hours arrangements to patients.
4. Provide consultation notes back to the practice by the next day.
5. Make sure practice arrangements are outlined in a formal signed document.
6. Register the arrangements in the National Health Service Directory.

Practices that meet the core eligibility requirements may be eligible for one of the 5 payment levels of the PIP After Hours Incentive. You can only apply for one payment level.

**19** Indicate the payment level you are applying for.

Tick one only

#### Level 1: Participation Payment

- Practices must have formal arrangements in place to make sure that practice patients have access to care in the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays). The practice does not have to provide the care itself if it has formal arrangements in place for patients to access care through a third party.

#### Level 2: Sociable After Hours Cooperative Coverage Payment

- Practices must participate in a cooperative arrangement that provides after hours care to practice patients in the **sociable after hours period** (6 pm to 11 pm weeknights).
- Practices must make sure formal arrangements are in place to cover the **unsociable after hours period** (11 pm to 8 am weekdays, hours outside of 8 am and 12 pm Saturdays and all day Sundays and public holidays).
- The cooperative must meet the definition of a cooperative as outlined in the **PIP After Hours Incentive Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)
- Practices must provide the minimum levels of care towards the cooperative outlined in the after hours guidelines.

**Level 3: Sociable After Hours Practice Coverage Payment**

- Practices must provide after hours care to practice patients directly through the practice in the **sociable after hours period** (6 pm to 11 pm weeknights).
- Practices must make sure formal arrangements are in place to cover the **unsociable after hours period** (11 pm to 8 am weekdays, hours outside of 8 am and 12 pm Saturdays and all day Sundays and public holidays).
- Practices cannot participate in a cooperative to be eligible for this payment.

**Level 4: Complete After Hours Cooperative Coverage Payment**

- Practices must participate in a cooperative arrangement that provides after hours care to practice patients for the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays).
- The cooperative must meet the definition of a cooperative as outlined in the **PIP After Hours Incentive Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)
- Practices must provide the minimum levels of care towards the cooperative outlined in the after hours guidelines.

**Level 5: Complete After Hours Practice Coverage Payment**

- Practices must provide after hours care to practice patients in the **complete after hours period** (hours outside of 8 am to 6 pm weeknights, hours outside of 8 am to 12 pm Saturdays and all day Sundays and public holidays).
- Practices cannot participate in a cooperative to be eligible for this payment.
- Practices can only use a localised or practice based nurse triaging arrangement if they are in a RRMA classification 5–7.

**Procedural General Practitioner Payment**

To be eligible for this incentive, the practice must be located in a RRMA classification 3–7 and meet the requirements as set out in the **PIP Procedural General Practitioner Payment Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

- 20** Does your practice employ one or more procedural general practitioners who provide one or more procedural services?
- No  Your practice is **not eligible** for this incentive.
- Yes  Procedural general practitioners will need to complete the relevant questions in **Part F – Individual general practitioner or nurse practitioner details and declaration** of this form.

**PART D — Workforce Incentive Program - Practice Stream**

- 21** Does your practice want to apply for the WIP - Practice Stream?
- No  **Go to Part E – Practice ownership details**
- Yes

**Department of Veterans' Affairs loading**

Practices that are eligible for the WIP - Practice Stream and provide general practitioner services to the Department of Veterans' Affairs Gold Card holders are eligible for an annual payment for each veteran. These practices will be identified by Services Australia and payments will be made annually in the August quarter.

- 22** Does your practice already participate in the PIP?

No

Yes  PIP practice ID

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- 23** Does your practice consent to using the PIP practice information for the WIP - Practice Stream?

No

Yes

- 24** Do all nurses, allied health professionals, Aboriginal and Torres Strait Islander health workers and Aboriginal and Torres Strait Islander health practitioners at the practice have the level of professional indemnity insurance specified by the relevant board arrangements?

No  Your practice is **not eligible** for the WIP - Practice Stream.

Yes

- 25** Does your practice employ or otherwise retain the services of a nurse practitioner and/or registered nurse?

No  Your practice **may not be eligible** for the WIP - Practice Stream.

Yes

- 26** Does your practice employ or otherwise retain the services of an enrolled nurse, with the relevant direct or indirect supervision arrangements in place?

No

Yes

- 27** Does your practice employ or otherwise retain the services of an eligible Aboriginal and Torres Strait Islander health worker and/or Aboriginal and Torres Strait Islander health practitioner?

No

Yes

- 28** Does your practice employ or otherwise retain the services of an eligible allied health professional?

No

Yes

## Health professional details

You can only claim the hours worked by each eligible health professional, engaged or otherwise retained by the practice.

You will need to calculate the average weekly hours worked per quarter for each eligible health professional, taking into account ineligible services and ineligible activities.

The average weekly hours are the hours worked by the eligible health professional for the entire payment quarter divided by 13 weeks.

You are **not** eligible to claim payment for any hours where you already receive support to employ, engage or otherwise retain the services of an eligible health professional.

The Australian Health Practitioner Regulation Agency (AHPRA) and Healthcare Provider Identifier - Individual (HPI-I) numbers will be used to identify the health professional.

- 29** Complete the details below for all eligible health professionals currently working at the practice (including any additional practice branches). General practitioners should complete **Part F** of this form as they are not eligible health professionals under the WIP - Practice Stream.

### Health professional or allied health professional 1

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number  or HPI-I number

### Health professional or allied health professional 2

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number  or HPI-I number

### Health professional or allied health professional 3

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number  or HPI-I number

### Health professional or allied health professional 4

Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number  or HPI-I number

If you need more space, provide a separate sheet with details.

If you have included hours for nurse practitioner(s) and they have a Medicare provider number, you will need to register them with the WIP - Practice Stream in **Part F – Individual general practitioner or nurse practitioner details** of this form. This is to make sure their Medicare Benefits Schedule (MBS) services contribute towards the Standardised Whole Patient Equivalent (SWPE) value for the practice.



## PART E — Practice ownership details

- 30** The applicant **must** be the owner(s) of the practice. This section **must not** be completed by an authorised contact person.

Indicate your practice's ownership arrangement type:

**Tick one only**

### Individual proprietor

The declaration must be completed by the individual owner of the practice.

### Partnership

The declaration must be completed by at least 2 partners who are owners of the practice.

### Associateship

The declaration must be completed by at least one associate of the ownership of the practice.

### Body Corporate

The declaration must be completed by at least 2 representatives of the body corporate ownership of the practice. Where the company operates under a sole directorship, this should be indicated at the declaration.

### State or territory government or other public body (including Aboriginal Medical Services)

The declaration must be completed by at least 2 officers of the government or other public body.

Penalties exist under law for giving false or misleading statements or information.

### 31 Company name (if applicable)

Trading name

Australian Business Number (ABN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ownership address

<input type="text"/>
<input type="text"/>
Postcode

### Checklist

- 32** Complete the following checklist and provide documents where required:

Have you read the guidelines relating to each program and incentive for which you are applying?	<input type="checkbox"/>
Has an authorised contact person(s) been nominated at <b>Part A – Eligibility requirements and practice details</b>	<input type="checkbox"/>
Are the payment details at <b>Part A – Eligibility requirements and practice details</b> correct?	<input type="checkbox"/>
Have you provided a copy of the practice's accreditation certificate or registered for accreditation certificate?	<input type="checkbox"/>
Has <b>Part E – Practice ownership details</b> been completed?	<input type="checkbox"/>
Have you taken a copy of this application for your records?	<input type="checkbox"/>

## Privacy notice

- 33** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of Practice Incentives Program (PIP) and/or Workforce Incentives Program (WIP) - Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of the PIP and/or WIP - Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at [servicessaustralia.gov.au/privacy](https://servicessaustralia.gov.au/privacy)

## Declaration

### 34 I/We consent to Services Australia:

- providing payment advice(s) showing how the Practice Incentives Program and the Workforce Incentive Program - Practice Stream payment(s) are calculated for the practice to the authorised contact person nominated in **Part A – Eligibility requirements and practice details** of this form.
- disclosing information, including personal information, to the Australian Government Department of Health and Aged Care, other relevant agencies or as authorised or required by law.

### I/We agree to:

- advise Services Australia, about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.
- advise Services Australia **within 7 days** of the change or **at least 7 days** before the point-in-time date if the required number of procedural services in a 6 month reference period have not been provided (if applicable).
- the authorised contact person(s) nominated in **Part A – Eligibility requirements and practice details** of this form, to act on behalf of the practice in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.

### I/We declare that:

- the practice meets all the eligibility requirements for the Practice Incentives Program and the Workforce Incentive Program - Practice Stream as set out in the relevant guidelines.
- the practice meets all the eligibility requirements for the Practice Incentives Program individual incentives as set out in the relevant guidelines.
- the information provided in this application and in the supporting documentation is complete and correct.

**I/We understand that:**

- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with eligibility requirements for payments under the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- the practice is required to retain practice documentation for a minimum of 6 years.
- the practice may be required to provide information to the Australian Government Department of Health and Aged Care as evidence of the practice's compliance with the Practice Incentives Program and the Workforce Incentive Program - Practice Stream eligibility requirements.
- if the practice cannot provide information, as requested by the Australian Government Department of Health and Aged Care, to establish the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide information (which may include identifying information) relating to this application to the Australian Government Department of Health and Aged Care for statistical, program compliance, research and policy development purposes.
- If the practice does not notify Services Australia of changes to practice arrangements and authorised contact person(s), incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream may be reduced, recovered, suspended or ceased.
- the authorised contact person will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes.
- the practice will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- giving false or misleading information is a serious offence.

**35**

Signatures of all individuals, partners, associates and/or representatives of the practice who wish to be listed as owners for the purposes of the PIP and/or the WIP - Practice Stream must be provided. This question **must not** be signed by an authorised contact person.

**Only** owners who list their details and sign this declaration will be able to notify changes to practice arrangements in the future. It is important to list all owners who want to make practice decisions below.

If the owner has a PRODA account, the Registration Authority (RA) number should be provided in the space below.

The RA number will be used to allow access to PIP and WIP - Practice Stream Online.

**Individual proprietor**

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Individual owner's signature					Date (DD MM YYYY)
<input type="text"/>					<input type="text"/>

**Partnership**

<b>Partner 1</b>					
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Position held					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Partner's signature					Date (DD MM YYYY)
<input type="text"/>					<input type="text"/>

**Partner 2**Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Partner's signature

Date (DD MM YYYY)

If you need more space, provide a separate sheet with details.

**Associateship**Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Associate's signature

Date (DD MM YYYY)

If you need more space, provide a separate sheet with details.

**Body Corporate****Representative 1**Sole Director Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Representative's signature

Date (DD MM YYYY)

**Representative 2**Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Representative's signature

Date (DD MM YYYY)

If you need more space, provide a separate sheet with details.

**State or territory government or other public body****Officer 1**Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Officer's signature

Date (DD MM YYYY)

**Officer 2**Dr  Mr  Mrs  Miss  Ms  Other 

Family name

First given name

Position held

RA number (for PIP and WIP - Practice Stream Online access)

Officer's signature

Date (DD MM YYYY)

If you need more space, provide a separate sheet with details.

## PART F — Individual general practitioner or nurse practitioner details

The Practice Incentives Program (PIP) and the Workforce Incentive Program (WIP) - Practice Stream applicants are to complete **all** questions in **Part F**.

A separate **Part F** (pages 12 and 13) **must** be completed by each general practitioner **and** nurse practitioner currently working at the practice. Additional copies of **Part F** will be accepted if required.

**36** Full name of general practitioner or nurse practitioner

**37** It is an entry requirement of the PIP and/or the WIP - Practice Stream, that all practice general practitioners and nurse practitioners have current professional indemnity insurance cover.

Do you have current professional indemnity cover?

No  You are **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

**38** If your provider number has an end date, you must notify the PIP and/or the WIP - Practice Stream if it has been extended by Medicare to continue participating in the PIP and/or the WIP - Practice Stream.

Provider number - main practice address

Start date - main practice address (DD MM YYYY)

**39** Provider number and address for each additional practice branch (if applicable)

### Additional practice branch 1

Address

Postcode

Provider number - additional practice branch

Start date - additional practice branch (DD MM YYYY)

### Additional practice branch 2

Address

Postcode

Provider number - additional practice branch

Start date - additional practice branch (DD MM YYYY)

If you need more space, provide a separate sheet with details.

**40** RA Number (for PIP and WIP - Practice Stream Online access)

## Procedural general practitioner details

To be eligible for the PIP Procedural General Practitioner Payment, the practice **must be located** in a Rural, Remote and Metropolitan Areas (RRMA) classification 3–7 and meet the requirements as set out in the **PIP Procedural General Practitioner Payment Guidelines** available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

**41** Are you a procedural general practitioner?

A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics. The PIP Procedural General Practitioner Payment can only be made to one practice per 6 month reference period per procedural general practitioner. If you choose this practice to receive the PIP Procedural General Practitioner Payment, indicate the provider number to be used below that is associated with this practice.

No  **Go to 43**

Yes  Provider number

**42** If you are a procedural general practitioner and answered Yes to question 41

Tick one only

- Tier 1** I provide at least one procedural service in the 6 month reference period. Refer to the **PIP Procedural General Practitioner Payment Guidelines** for the definition of a procedural service.
- Tier 2** I meet the Tier 1 requirements and provide procedural services after hours (as defined in the **PIP Procedural General Practitioner Payment Guidelines**) on a regular or rostered basis throughout the entire 6 month reference period.
- Tier 3** I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the 6 month reference period.
- Tier 4** I meet the Tier 2 requirements and deliver 10 or more babies in the 6 month reference period.

Contact us if you are a single general practitioner practice and may not meet the requirements of Tier 4, but expect to meet the obstetric needs of your community.

General practitioners are individually assessed. Practices with more than one procedural general practitioner cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the point-in-time date for the 6 monthly payments, refer to the **PIP Procedural General Practitioner Payment Guidelines**.

We must be advised **at least 7 days** before the relevant point-in-time date, if the required number of procedural services have not been provided in the 6 month reference period.

## Privacy notice

**43** Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of PIP and/or WIP - Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

## Declaration

**44** I consent to:

- the authorised contact person informing Services Australia of any changes to my arrangements on my behalf, **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I agree to:

- advise Services Australia about changes to my arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I declare that:

- I have not claimed procedural services at another practice.
- the information I have provided in this form is complete and correct.

I understand that:

- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide reports regarding information on this application and services provided by me to the authorised contact person.
- giving false or misleading information is a serious offence.

**General practitioner**

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Signature					Date (DD MM YYYY)
<input type="text"/>					<input type="text"/>

or

**Nurse practitioner**

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Signature					Date (DD MM YYYY)
<input type="text"/>					<input type="text"/>

## Returning this form

Return the completed form and supporting documents by fax to **1300 587 696** at **least 7 days** before the relevant point-in-time date.