



Practice Incentives Practice ownership details and declaration (IP008)

When to use this form

Use this form to apply for the Practice Incentives Program (PIP) or the Workforce Incentive Program (WIP) - Practice Stream through Health Professional Online Services (HPOS). This form will be used to support the information provided in the practice ownership details section of your online application.

Important information

Signatures of all individuals, partners, associates and/or representatives who wish to be listed as owners of the practice for the purposes of the PIP and the WIP - Practice Stream, must be provided.

HPOS provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make enquiries, 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 humanservices.gov.au/hpos

For more information

Go to humanservices.gov.au/pip or humanservices.gov.au/practicestream

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

Note: Call charges may apply.

or

Email pip@humanservices.gov.au or wippractice@humanservices.gov.au

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

Filling in this 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. You do not need to answer the questions in between.

Practice details

1 PIP application number

N/A I am not applying for the PIP

If you are applying for the PIP and the WIP - Practice Stream, you must wait for your **PIP practice ID** to be issued before completing your WIP - Practice Stream application online.

2 WIP - Practice Stream application number

N/A I am not applying for the WIP - Practice Stream
Go to 4

3 Does your practice consent to use the PIP practice information for the WIP - Practice Stream?

No

Yes **PIP practice ID**

N/A my practice does not participate in the PIP / I am not applying for the PIP

4 Practice name

5 Full practice address – main practice address

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

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State

Postcode

6 Practice phone number

()

Practice fax number

()

Practice email

Practice ownership details

7 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 1 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.

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.

8 Company name (if applicable)

Trading name

Ownership address

.....
.....
Postcode

Privacy notice

9 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services 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 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 the Department of Human Services, 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 the Department of Human Services will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Declaration

10 I/We consent to the Australian Government Department of Human Services:

- providing payment advice(s) showing how the Practice Incentives Program and the Workforce Incentive Program - Practice Stream payments are calculated for the practice to the nominated authorised contact person.
- disclosing information, including personal information, to the Australian Government Department of Health, other relevant agencies or as authorised or required by law.

I/We agree to:

- advise the Australian Government Department of Human Services about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.
- advise the Australian Government Department of Human Services **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) 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 information provided in this application and in the supporting documentation is complete and correct.
- 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.

I/We understand that:

- the Australian Government Department of Health 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.
- I/we may be required to provide information to the Australian Government Department of Health as evidence of the practice's compliance with the Practice Incentives Program and the Workforce Incentive Program - Practice Stream eligibility requirements.
- if I/we cannot provide information, as requested by the Australian Government Department of Health, 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.
- the Australian Government Department of Human Services may provide information (which may include identifying information) relating to this application to the Australian Government Department of Health for statistical, program compliance, research and policy development purposes.
- If the practice does not notify the Australian Government Department of Human Services 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 the Australian Government Department of Human Services and will be responsible for advising the Australian Government Department of Human Services of changes.
- the practice will be liable for all claims and documentation submitted by the authorised contact person to the Australian Government Department of Human Services in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- giving false or misleading information is a serious offence.

11 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 next column. 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
<input type="text"/>					<input type="text"/>

Partnership

Partner 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"/>					
Position held					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Partner's signature					Date
<input type="text"/>					<input type="text"/>

Partner 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"/>					
Position held					
<input type="text"/>					
RA number (for PIP and WIP - Practice Stream Online access)					
<input type="text"/>					
Partner's signature					Date
<input type="text"/>					<input type="text"/>

If there are additional partners the practice wants to include for the purposes of the PIP and the WIP - Practice Stream, 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

If there are additional associates the practice wants to include for the purposes of the PIP and the WIP - Practice Stream, provide a separate sheet with details.

Body Corporate

Representative 1

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

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

If there are additional representatives the practice wants to include for the purposes of the PIP and the WIP - Practice Stream, 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

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

If there are additional officers the practice wants to include for the purposes of the PIP and the WIP - Practice Stream, provide a separate sheet with details.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Upload the completed form and accreditation or registered for accreditation certificate in the Associated Documents section of your online application in HPOS. This must be done before submitting your application. Alternatively, fax the completed form and copies of supporting documentation to **1300 587 696** for manual processing **at least 7 days** before the relevant point-in-time date.