

When to use this form

Use this form to provide or update your bank account details under the Workforce Incentive Program (WIP) – Doctor Stream.

The WIP – Doctor Stream is a Department of Health initiative administered by Services Australia.

If you have received written notification from Services Australia that you are eligible for a payment, we must receive your bank account details **within 60 calendar days** of the date of the request. Your bank account details will remain on record for future WIP – Doctor Stream payments. It is important that you keep these details up to date.

Online services

You can provide or update your bank account details and receive your payment statements and correspondence securely online using the Health Professionals Online Services (HPOS). For more information, including how to access HPOS, go to servicesaustralia.gov.au/hpos

For more information

Go to servicesaustralia.gov.au/doctorstream

or

Call **1800 010 550** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Note: Call charges may apply.

Workforce Incentive Program – Doctor Stream Bank account details (IP020)

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

Provider's details

1 Provider number

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth

4 Preferred mailing address

 Postcode

5 Daytime phone number

Mobile phone number

Fax number

Email

Bank account details

6 All payments are made through Electronic Funds Transfer (EFT) to an Australian bank account only. Payments **cannot** be made via EFT if the nominated account has restrictions on EFT.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Privacy notice

7 The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

8 I declare that:

- the information I have provided in this form is complete and correct.

I authorise:

- Services Australia to direct all payments relating to the Workforce Incentive Program – Doctor Stream for the provider number identified on this form into the nominated bank account.

I understand that:

- giving false or misleading information is a serious offence.
- the contact details I have provided in this form will be used to update my record for the provider number identified.
- to remain eligible for a Workforce Incentive Program – Doctor Stream payment, I must provide my bank account details to Services Australia within 60 calendar days of the original request.

Provider's signature

Date

Returning your form

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

Return the completed form by:

Fax: **1300 588 673**

or

Post: **Services Australia
WIP – Doctor Stream
GPO Box 2844
ADELAIDE SA 5001**