

## Application for Credentiaing at Toowoomba Hospice – Allied Health & Complimentary Therapies

Please complete this form and return with a copy of your registration or relevant certificates and professional indemnity insurance to: Director of Nursing, Toowoomba Hospice via email: [admin@toowoombahospice.org.au](mailto:admin@toowoombahospice.org.au)

**New Application:**

**Renewal:**

### Credentiaing sought at the Toowoomba Hospice

Allied Health Professional

Complimentary Therapist

### Personal Details

Surname			
Given Name/s			
Title		DOB	
Mailing Address ( <i>practice or home address</i> )		Phone	
		Mobile	
		Fax mail	
Email			

### Professional Practice Details (*if relevant*)

Practice or business name			
Practice address		Phone	
		Mobile	
		Fax mail	
Practice Email			

### NOK or Emergency Contact Details

Surname			
Given Name/s			
Title		Relationship	
Phone		Mobile	

<b>Qualifications &amp; Professional Development</b> <i>(Please provide evidence of any qualifications)</i>		
<b>Qualification/s</b>	<b>University/Institution</b>	<b>Year Completed</b>

<b>National Registration Details</b> <i>(please attach a copy of registration or certificates)</i>			
Registration Number		Expiry Date	
Category of Registration			
Are there any claims, adverse findings, conditions or undertakings attached to this registration? If yes, please provide details of restriction and what period they apply/applied:			
Provider Number <i>(If relevant)</i>		Prescriber Number <i>(If relevant)</i>	

<b>Professional Indemnity Insurance &amp; Police Check</b> <i>(please attach a copy of insurance certificates)</i>			
<i>This information is required to assess an application for scope of clinical practice and will only be by Toowoomba Hospice for such purposes. No information provided will be disclosed otherwise.</i>			
Insurance Number		Expiry Date	
Category of coverage			
Insurance company			
Does your membership fully cover the scope of clinical practice you have applied for?			YES / NO
Has any medical union or fund you have been a member of ever applied conditions or refused to renew your cover or membership?			YES / NO
Are there any current claims against you with an insurer?			YES / NO
If you have noted any claims, adverse findings, conditions or undertakings attached to your insurance please provide details and what period they apply/applied:			

Confirmation & Agreement	
I agree to maintain client privacy and confidentiality	YES / NO
I agree to work within my professional scope of practice	YES / NO
I agree to comply with the conditions attached to this application and abide by the policies and guidelines applicable to the Toowoomba Hospice.	YES / NO

Applicant Endorsement and Declaration			
<p>I declare that all information provided in this application for credentialling at the Toowoomba Hospice is true and correct. I fully understand that any untrue, misleading or omitted information within this application constitutes cause for denial of privileges and termination of my contract.</p> <p>I consent to Toowoomba Hospice, obtaining any relevant information on past performance or any conditions or restrictions placed on my practice, including the nature of any unresolved complaints if relevant. Additionally, I agree to notify the Toowoomba Hospice, promptly and in writing, of any changes to my registration or scope of clinical practice or, if there is any change to the information provided in this application.</p> <p>I understand that my credentialling will be reviewed in five (5) years or earlier as required or considered necessary. At such time, I will provide the Toowoomba Hospice with updated documents and details relevant to re-application.</p>			
<b>Full Name of Applicant</b>			
<b>Signature of Applicant</b>		<b>Date</b>	___/___/20___
<b>Full name of Witness</b>			
<b>Signature of Witness</b>		<b>Date</b>	___/___/20___

**Document Checklist:** *Please ensure the following documents are provided with this application for credentialling.*

- Credentialling application form (this form)**
- Proof of Registration**
- Professional Indemnity Insurance certificate**