



Allied Health Professional

Contact Details

Name: _____ DOB: ____ / ____ / ____

Company Name: _____ ABN: _____
(if applicable)

Address: _____ Phone: _____
(Home)

Address: _____ Phone: _____
(Business)

Email: _____ Mobile: _____

Professional Details

Profession: _____

Anticipated scope of practice:
(e.g. speech pathology, pain management, hand therapy etc.)

Qualification(s) relevant to application:
Please specify

In case of emergency
Name: _____ Phone: _____

- a) I hereby apply to be accredited at Epworth HealthCare to carry out the ordinarily expected duties and responsibilities of a (profession) _____, for which I am qualified and eligible to practise in the State of Victoria.
- b) I am equivalent to a Grade 2 AHP level (minimum of 2 years' experience)
- c) I accept accreditation to take part in the total care of any patient at Epworth HealthCare following a doctor's referral, and I also accept the need for the maintenance of the highest standards of patient care, including the maintenance of Epworth's medical records, and participation in relevant Professional Development Activities.
- d) I understand that I am required to ensure the Nursing Unit Manager (NUM)/Associate Nursing Unit Manager (ANUM) is aware of the service provided and allocation of costs are confirmed
- e) I accept that I should not represent myself as part of Epworth or use Epworth letterhead or Epworth name to promote my business
- f) I agree to be familiar with and follow Epworth HealthCare policy and protocols outlined in the Key Policy Compliance (credentialled allied health) document
- g) I have signed an Epworth Confidentiality Agreement and agree to its terms
- h) I have read and hereby agree to the requirements of the Epworth Allied Health Credentialing Guide.
- i) I agree to annually submit copies of current professional registration (if applicable), Professional indemnity and Public Liability Insurance, BLS and hand hygiene certificates

I hereby agree to be bound by this agreement:

Signature: _____ Date: ____ / ____ / ____

Allied Health Professional

Name of Therapist _____

Name of Company
(if applicable) _____

All parts must be checked before submission to Allied Health Advisory Committee

To avoid delay in the processing of your application, please ensure all of the items below accompany your application. Any omissions mean your application cannot proceed.

	Required Documents <i>(please check when submitted)</i>	Received (office use only)
<input type="radio"/>	› <i>Application For Accreditation Form</i>	
<input type="radio"/>	› Curriculum Vitae - including two professional referees with contact details.	
<input type="radio"/>	› Confidentiality Agreement signed and attached	
<input type="radio"/>	› <i>Key Policy Compliance document</i> signed and attached	
<input type="radio"/>	› Certified copy of Professional Indemnity and Public Liability Insurance.	
<input type="radio"/>	› Evidence of Tertiary Education - must be certified copy of degree &/or diploma.	
<input type="radio"/>	› Evidence of current registration &/or membership with professional association	
<input type="radio"/>	› Basic Life Support (BLS) theory and competency assessment/update certificate	
<input type="radio"/>	› Copy of Hand Hygiene Australia on-line learning package certificate (http://www.hha.org.au/LearningPackage/olp-home.aspx)	
<input type="radio"/>	› Police Check (must be within the past 3 months) (Applications available online at www.police.vic.gov.au . Applications will need 10 working days for processing. Include certificate with application.)	
<input type="radio"/>	› Copy of Working with Children Check (www.justice.vic.gov.au)	
<input type="radio"/>	› Provide billing practices and enclose your fee structure	
<input type="radio"/>	› Provide evidence of ongoing professional development	
<input type="radio"/>	› Do you use any electrical equipment to provide your service? <input type="radio"/> Yes <input type="radio"/> No If yes, you must provide and carry a copy of your current electro-medical service register for any equipment that will be taken into and used in the hospital (All patient-related equipment to be checked by a qualified electrical tester and tagged before use with patients and checked annually)	

It is your responsibility to ensure that copies of current professional registration (if applicable) Professional Indemnity & Public Liability Insurance, BLS & hand hygiene certificates are submitted annually to maintain accreditation. Original must be held by person or employee company to be available on request.

NP2953_0621

Signed:

Signature: _____ Date: _____ / _____ / _____