

SOUTH WEST PRIMARY CARE PARTNERSHIP MEMBERSHIP APPLICATION

Organisation			
Name			
Address			
City/Town		Postcode	
Phone		Mobile	
Email			

I would like to become a member of the South West Primary Care Partnership/SW PCP

Class of Member (Please tick the appropriate box for the class of Member to which you belong)

- Level 1 Executive Members** – comprising ‘Core’ organisations as specified in Department of Health/DH guidelines . One representative from nominated agencies.
- Level 2 General Members** – comprising organisations interested in and/or responsible for the delivery of primary care services for the Shires of Corangamite and Moyne and the City of Warrnambool.
- Level 3 Associate Members** - comprising organisations interested in primary care services for the Shires of Corangamite and Moyne and the City of Warrnambool.

Membership Category (Select only one category)

- Category 1 – State and Commonwealth Health Services
- Category 2 – Community agencies and organisations
- Category 3 – Child or Adult Community Education organisations
- Category 4 – Local Governments
- Category 5 – Indigenous organisations
- Category 6 – Divisions of General Practice

If admitted as a member, I/We agree to be bound by the Rules of the SW PCP as set out in the Partnering Agreement

Signed		Position	
Name		Date	

(An application on behalf of an organisation must be signed by a person who has the requisite authority, such as a director, chief executive officer, secretary or other authorised officer of that organisation.)

Please return your completed and signed application to:

Mark Brennan – Executive Officer
South West Primary Care Partnership
Bayside City Plaza, 24-36 Fairy St
Warrnambool, VIC 3280