

RE-APPLICATION FOR VISITING RIGHTS

1. **SPECIALTY REAPPLIED FOR:** _____
 - 1.1 PLEASE PROVIDE A LIST OF PROCEDURES OR A REVIEWED SCOPE OF PRACTICE YOU INTEND TO PERFORM HERE BELOW:

2. **QUALIFICATIONS:** _____
3. I AM AWARE THAT SHOULD THIS APPLICATION BE SUCCESSFUL THAT COMPLIANCE WITH THE RELEVANT BY-LAWS, OCCUPATIONAL HEALTH & SAFETY POLICIES AND RULES AND REGULATIONS OF THE SYDNEY PRIVATE HOSPITAL – ASHFIELD IN SO FAR AS THEY RELATE TO THIS POSITION, WOULD BE EXPECTED.

I AM AWARE THAT I MUST TAKE REASONABLE STEPS TO KNOW MY OWN INFECTIOUS DISEASE AND VACCINATION STATUS (AT MY OWN COST) AND MINIMISE THE RISK OF TRANSMITTING INFECTIOUS DISEASES.

A COPY OF SUCH BY-LAWS, RULES AND REGULATIONS WILL BE SUPPLIED BY ADMINISTRATION ON ACCREDITATION.
4. **SURNAME:** _____ **GIVEN NAME/S:** _____
5. **DATE OF BIRTH:** _____
6. **PROVIDER NO.:** _____ **7. PRESCRIBER NO:** _____
8. **ADDRESS:**
 - 8.1 PROFESSIONAL: _____

POSTAL: _____
TELEPHONE: _____ FAX: _____
MOBILE: _____
EMAIL: _____
 - 8.2 RESIDENTIAL: _____

TELEPHONE: _____

PLEASE PROVIDE A COPIES OF YOUR

PHOTO ID



POLICE CHECK

☐

AHPRA REGISTRATION

☐

INDEMNITY INSURANCE CURRENCY

☐

WORKING WITH CHILDREN CHECK (WWCC) CLEARANCE

☐

<https://wwwccheck.ocg.nsw.gov.au/Apply>

THIS DOCUMENT IS CONTROLLED

IPHoA – Sydney Private – Re-Application for Visiting Rights at TSPH – V4 – AUTHORISED – 28/05/2025 – ISSUING AUTHORITY
Hospital Executive

9. DETAILS OF REGISTRATION: (Registration means, in the case of a Medical Practitioner, Registration under the NSW Medical Practitioner Act No. 37, 1938, as amended. Where an applicant is other than a Medical Practitioner it means such Registration as may be required either by statute or the various authorities in the State.)

9.1 DATE ISSUED: _____ REG. NO: _____

TYPE: _____ DATE EXPIRES: _____

10. ARE YOU A MEMBER OF A MEDICAL DEFENCE ORGANISATION? YES ☒ NO

10.1 NAME OF INDEMNITY INSURANCE PROVIDER: _____

11. HOSPITAL APPOINTMENTS (please list dates)

CURRENT: _____

12. CONTINUING EDUCATION (please provide us with a copy of your CV).

Please list any educational achievements since completing your last application for visiting rights.

If this space is insufficient, please attach a separate piece of paper.

13 A COPY OF THE BYLAWS IS ATTACHED. PLEASE EMAIL IF YOU DID NOT RECEIVE A COPY.

I ACCEPT AND AGREE TO ABIDE BY THE BY-LAWS AND POLICIES OF THE SYDNEY PRIVATE HOSPITAL – ASHFIELD.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

HOSPITAL USE ONLY:

Registration checked ☒ Insurance checked ☒ WWCC checked ☐ Proof of ID checked ☐

☒ Approved by Hospital Director _____ Date: _____

☒ Submitted to Medical Advisory Committee Chair _____ Date: _____

☒ Submitted to MAC Rep Signature _____ Date: _____

☐ Have we reviewed staff feedback?

☐ Have we reviewed?

i) Incident data ☒ ii) Complaint data ☐ iii) Patient feedback ☐

☐ Have we noted AHPRA notifications or ☐ conditions? N/A ☐

Applicant notified ☐ Date: _____