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## JOINING THE SUTHERLAND DIVISION OF GENERAL PRACTICE PRACTICE STAFF NETWORK APPLICATION FORM

If you wish to join this network please complete the form that follows and fax to the Sutherland Division of General Practice on 9525 4411.

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Job position: \_\_\_\_\_

Contact address: \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Any special expertise related to the network goal that you wish to be recognised?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What network activity would you be willing to be involved in?**

Contributing to the newsletter &/or web site news

Developing & Planning programs for continuing education and professional development

Other? Please specify \_\_\_\_\_

\_\_\_\_\_

*Welcome to the Network!*  
Faxback to the Division on 9525 4411