

**National Association for Medical Deputising
Australia Ltd (NAMDS)**

1. APPLICATION FOR MEMBERSHIP AS A MEDICAL DEPUTISING SERVICE (MDS)

A. General Information

1. PROCESS

1. MDS applicant provides the Secretary* with a written application accompanied by required attachments and entry fee.
2. The Board will consider an application within 14 days of its receipt by the Secretary.
3. Board recommendations are put forward for consideration by the membership at the next general meeting.
4. MDS applicant will receive formal notification from the Board within 14 days of the membership decision.
5. Approval by the membership will be ratified by the Board subject to receipt from the MDS applicant of the annual subscription fee by a date to be fixed by the Board which is not less than 14 days or more than 28 days from the date of membership approval.

Mr Nicolas Richardson
Honorary Secretary
National Association for Medical Deputising Australia Ltd (NAMDS)
C/O Suite 2/ 2 Salisbury Street, Richmond, Melbourne, Victoria 3021]

2. FEES (including GST) All fees are subject to annual CPI

Entry fee payable upon application	\$2500.00 small MDS / \$5000.00 large MDS
Affiliate membership application	\$250.00
First annual membership fee is payable upon application and thereafter annually in advance on the 1 st day of July each year.	
• Annual fee for an MDS classified as a large service - > 25,000 pt attendance per year	\$1950.00
• Annual fee for an MDS classified as a small to medium service ñ < 25,000 pt attendance per year	\$975.00
• Annual fee for Affiliate membership	\$250.00
A member admitted after the 1 st day of August in each year shall pay the proportion of the annual subscription remaining for the period calculated to the nearest month.	
Dues and levies will apply and the annual membership fee will be amended from time to time in accordance with the processes provided by the Articles of Association.	

B. Application Details:

MDS Name:	
Registered Office Address	
Business Address	
Location	
Postal	
Telephone Number(s)	
Facsimile	
Email	
A.C.N	
A.B.N.	

Type of MDS (Tick the box)	
After hours home visits ☐	Combination of after hours home visits and clinic based after hours consultations ☐

MDS Directors (Attach separate list if necessary)	
<u>Name</u>	<u>Home Address and Telephone Number(s), email</u>

MDS Manager(s) (Attach separate list if necessary)	
<u>Name</u>	<u>Home Address and Telephone Number (s), email</u>

MDS Medical Director(s) (Attach separate list if necessary)				
<u>Name</u>	<u>Address & Phone No.(s)</u>	<u>Medical Registration No.</u>	<u>State or Territory</u>	<u>No. of years GP experience</u>

MDS Nominated Primary Contact for NAMDS			
<u>Name</u>	<u>Position within MDS</u>	<u>Home address, phone numbers and email</u>	<u>Preferred point and mode of contact</u>

Probity Matters
Have any of the medical directors, directors or management personnel had their registration or license to practice as a medical practitioner restricted or limited in any Australian state or territory? Yes/No If yes, please provide details as a separate attachment
Have any of the medical directors, directors or management personnel had their name removed from a register of medical or other practitioners in any Australian state or territory following an inquiry into the conduct? Yes/No If yes, please provide details as a separate attachment
Are there any matters which would prevent the directors from holding a directorship under Australian Corporations Law? Yes/No

Required Attachments
• ASIC Certificate • Accreditation Certificate • Statutory Declaration that MDS meets NAMDS MDS Definition • Biography of the MDS containing overview of activities qualifications and experience of medical directors, directors and management personnel • MDS Practice Information Sheet • Evidence of VR status of medical director(s) • Evidence of size/classification of MDS • Where necessary, other separate attachments as referred to above

B. Declaration

I _____ of _____ declare

that I am a director of the MDS referred to in this application; that I am authorised to complete and sign this application on behalf of directors of the MDS referred to herein; and that the information in this application is true and correct.

I declare that the MDS referred to herein:

- is a medical deputising service as defined by the NAMDS and has signed the Statutory Declaration that it meet the NAMDS MDS Definition as specified in Appendix I;
- is accredited by an accrediting agency accepted by NAMDS and will retain accredited status in accordance with the re-accreditation process;
- is a properly constituted legal entity and will retain that status; and
- that the Medical director(s) referred to herein is/are vocationally recognised general practitioner(s).

On behalf of the directors of the MDS referred to herein I accept the Objects and Articles of Association of the National Association for Medical Deputising Australia Ltd (NAMDS) as set and amended by the Membership from time to time and agree to abide by the NAMDS Code of Ethics, policies and procedures as set and amended from time to time in accordance with the processes established by the NAMDS Memorandum and Articles of Association.

Signature of MDS Director _____

Name (Print) _____

Date _____

Witness Signature _____

Name (Print) _____

Address _____

Date _____