# PRACTICE STAFF DETAILS

**Clinical staff:** Please attach copies of your Annual Practising Certificate and Medical Protection Society Certificate.

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|  |
| Surname:  | Mr / Mrs / Ms / Miss / Dr |
| First name(s): |
| Street address: |
| Postal address: |
| Date of birth: |
| Contact numbers: (home) | (mobile) |
| Email address: |
|  |
| Bank name: |
| Bank account #: |
| IRD #: |
| Are you GST registered? **Yes No** | If yes, GST number: |
|  |
| Do you have any medical conditions or allergies that the practice should be aware of? **Yes No** |
| *If yes, please list them here:* |
|  |
| **Contact Person** |
| Name: |
| Contact number: (home) | (mobile) |
| Relationship to you: |
|  |
| Signature |  | Date |  |