



Peak Body for the
Day Hospital Sector

**Membership Application
2018-2019**

Membership Levels, Descriptions and Fees

Fees are ex GST and payable per membership year (1/7 - 30/6)

DAY HOSPITAL MEMBER | \$950

Day hospitals must be stand-alone facilities (or, if partially owned by an in-patient hospital, then independently managed). Membership confers privileges to all Employees, Owners and Directors.

Each individual licensed day hospital must pay a Membership Fee and a group of day hospitals cannot come under one Membership. Group fees are based on a sliding scale and can be provided in more detail by the Membership Officer.

PRELIMINARY MEMBER | \$950

Membership is as per a Day Hospital Member but may not have achieved State Health Department Licensing or Accreditation yet, however, this will be reviewed annually by Day Hospitals Australia.

AFFILIATE MEMBER | \$761

Small overnight private hospitals <100 licensed beds unaffiliated with any other overnight private hospital.

INDIVIDUAL MEMBER | \$383

A member who is a natural person in day hospital procedures that cannot be admitted as a Day Hospital Member.

INDUSTRY MEMBER | \$1,426

Industry membership will be accepted from persons or companies working within the health environment. A company overview must be supplied with the application. All applications are subject to CEO approval.

JOINING FEE | \$115

Applicable to all levels of Membership. Payable once only unless membership has ceased and then reinstated at a later date.

GROUP FACILITIES

Group facilities may be eligible for discounted rates based on a sliding scale to reflect the number of facilities joining. Please note, that only those facilities that are paid members are able to take advantage of the multiple benefits and savings offered.

REFUND POLICY

In the event that a member should cease their membership prior to the end of a membership year a pro-rata refund will be calculated according to the period of time that has occurred in that particular membership year (plus 3 months for administration purposes). Therefore, any membership ceased after December 31st will not be eligible for a refund.

Personal Information (to be completed for all levels of membership)

Membership Level Applying for

Day Hospital
 Preliminary
 Affiliate
 Individual
 Industry

Name of Day Hospital, Individual or Trading Name (please note, if a Day Hospital or Affiliate member, your facility will appear on the website under 'Find a Member')

Company Name		ABN	
Address (Postal)	Suburb	State	Postcode
Main Phone	Fax		

Main Website

Nominated Contacts will receive all email updates including the Weekly Bulletin.

Contact 1 Name	Position Title
Telephone/Mobile	Email
Contact 2 Name	Position Title
Telephone/Mobile	Email
Contact 3 Name	Position Title
Telephone/Mobile	Email

For billing purposes, please provide the contact details for **Accounts Payable**:

Name	Position Title
Telephone/Mobile	Email

If any of this information changes at any time, please contact Day Hospitals Australia to ensure that details remain updated.

Facility Details (Day Hospital, Affiliate and Preliminary members only)

Owner 1 Name

Owner 2 Name

If owned by Medical Practitioners, how many?	How many are AMA Members?
Day Hospital Provider No	Specialties Offered
Is your surgery a standalone facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your facility operate within a medical practice? Yes <input type="checkbox"/> No <input type="checkbox"/>
No of Theatres	No of Procedure Rooms
No of Beds/Chairs	No of Nursing Staff
No of Administration Staff	No of Visiting Medical Officers (VMO's)
Are you a member of APHA? Yes <input type="checkbox"/> No <input type="checkbox"/>	Accreditation Status: APHA <input type="checkbox"/> ISO <input type="checkbox"/>

Industry Members Only

To support your application (which is subject to CEO approval) please provide a bio of your company for consideration.

Submit Your Application

Day Hospital and Affiliate Member Applications

Must be accompanied by copies of State Licensing (excluding NT) and an Accreditation Certificate.

Industry Member Applications

Must be accompanied by a company bio.

Return your Application

Completed Application forms and relevant Certificates (as above) can be returned to:

Julie van Lierop
Membership Officer
Day Hospitals Australia

Julie.vanlierop@dayhospitalsaustralia.net.au

F: 08 9304 7228 T: 08 8272 5304

PO Box 1148, Joondalup DC WA 6919 | General Enquiries: 1800 752 822

Payment

Upon receipt of your Application, an invoice will be generated to reflect the applicable Level of Membership plus the Joining Fee. The invoice will be forwarded to the nominated Accounts Payable contact (pg 4) unless advised otherwise:

Yes, send to Accounts Payable

No, please send to the following contact:

Name/Email Address