

Partnership Application Form



About partnership of Inner East Primary Care Partnership:

Any organisation wishing to work in partnership with Inner East Primary Care Partnership may apply by completing the attached form. Acceptance as a partner is subject to approval by the Inner East Primary Care Partnership Executives. Partner agencies are eligible to be represented on the Executive Committee.

1. Partner Agency Registration and Contact Details:

Please complete the following details including the name of the CEO or Senior Manager to be listed as the partner agency representative on the Partner Agency Register and their contact details (please note this is the person who would also be eligible to nominate for IEPCP Executive Committee positions when vacant):

Name of Agency applying for partnership: _____

Chief Executive Officer (CEO)

Name:	
Email:	
Telephone:	
Postal Address:	
Office Address:	

Name of Agency applying for partnership: _____

Nominated Representative (if not the CEO)

Name:	
Email:	
Telephone:	
Postal Address:	
Office Address:	

_____ (Insert legal name of organisation)

Supports the work of the Inner East Primary Care Partnership, and wishes to become a partner of Inner East Primary Care Partnership

Signature	Print Name:	
	Position Title:	
	Date:	

2. Originals of signed and completed Partnership Forms should be forwarded to:

- Executive Officer, Inner East Primary Care Partnership 3/43 Carrington Road, Box Hill Vic 3128
- Or via email to info@iepcp.org.au

3. Application Endorsement:

This section confirms the acceptance of the partnership application.

Chair, Inner East PCP Executive Committee

Signature	
Print Name:	
Date:	

Original copies of this Partnership Application will be kept on file in the Inner East Primary Care Partnership Office. A duplicate copy will be returned to the organisation applying when the process for entry has been completed and endorsed by the Chair.