

## Medicare Local National Wave Expression of Interest form

Please complete this form to register your interest to participate in the Medicare Local National wave.

<b>Medicare Local Name:</b>			
<b>Street Address:</b>			
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>	
<b>Postal Address:</b>			
<b>Suburb</b>	<b>State:</b>	<b>Postcode:</b>	
<b>Phone Number:</b>	<b>Fax Number</b>		
<b>Team Leader Details:</b>	Dr Mr Miss Mrs Ms Other (please circle)		
<b>Surname</b>	<b>Given Name</b>		
<b>Position:</b>			
<b>Email Address:</b>			
<b>Mobile or Contact Number:</b>			
<b>Team Member #2:</b>	Dr Mr Miss Mrs Ms Other (please circle)		
<b>Surname</b>	<b>Given Name</b>		
<b>Email address</b>			
<b>Mobile or Contact Number:</b>	<b>Position</b>		
<b>Team Member #3:</b>	Dr Mr Miss Mrs Ms Other (please circle)		
<b>Surname</b>	<b>Given Name</b>		
<b>Email</b>			
<b>Mobile or Contact Number:</b>	<b>Position</b>		
<p>These workshops focus on challenges within your Medicare Local. Please provide us with three suggested challenge areas your Medicare Local would like to focus on. These suggestions will be discussed further with you prior to the first workshop, if you have any queries please contact Bryan Foley on 08 8422 7420.</p>			
<b>Medicare Local Challenge One:</b>			
<b>Medicare Local Challenge Two</b>			
<b>Medicare Local Challenge Three</b>			

**Please complete and return this form to the Improvement Foundation either by:  
Fax: (08) 8231 6690 by COB 27<sup>th</sup> January 2012.**

**In the first instance IF will notify you via email to confirm your participation in this wave.**

**Please Note:** It is important that the same staff members attend orientation and all learning workshops, as each workshop builds on previous lessons.

Individual emails addresses are required to set up usernames and logins for the APCC web portal (a key resource used in the APCC program), due to confidentiality each person is required to submit their own email address.