# THE HCF NO-GAP GLA:D® KNEES PROGRAM PROVIDER APPLICATION

Apply to participate in the HCF No-Gap GLA:D® Knees Program.

Complete and email to **glad@hcf.com.au**

## 1 PROVIDER AND CONTACT DETAILS

(PLEASE USE CAPITAL LETTERS AND BLACK PEN)

Name of the provider (sole practitioner name or company name)

ABN or ACN

**Practice address**

Lot number | Suite/unit number | Shop number | Building and floor number property name (if applicable)

Unit No. | Street No. | Street name

Suburb | State | Postcode

**Postal address**

☐ Postal address is same as practice address

Suburb | State | Postcode

Phone | Fax | Mobile

Email

@ . .

Website

www.

## 2 PARTICIPATING GLA:D CERTIFIED PHYSIOTHERAPISTS & EXERCISE PHYSIOLOGISTS AT YOUR CLINIC (PLEASE LIST ALL)

| MEDICARE PROVIDER NO. | FIRST NAME | MIDDLE NAME | SURNAME |
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## 3 DECLARATION

The Hospitals Contribution Fund of Australia Ltd (HCF) collects the information you submit in order to conduct the HCF No-Gap GLA:D® Knees Program (Program). HCF will use this information, and may disclose this information to third parties, to assess whether your application to participate in the Program is successful, to contact you about the outcome, and if your application is successful, for the purposes of conducting the Program. If you do not provide this information or provide incomplete information you will be unable to participate in the Program. **HCF's Privacy Policy** explains how and for what purposes HCF collects, uses and discloses personal information, how to request access to and correction of personal information, how to complain about a privacy breach and how HCF handles complaints. The HCF Privacy Policy is available online.

☐ I understand that HCF has sole discretion to determine whether I can participate as a provider in the HCF No-Gap GLA:D® Knees Program. If HCF accepts my application, I agree to be bound by the HCF No-Gap GLA:D® Knees Program Terms and Conditions. I certify that the above details are true and complete.

Sole practitioner or authorised company representative

X

Date (DD MM YYYY)