

GP Obstetric Shared Care Program – Accredited GP Database

PERSONAL DETAILS: (as shown on AHPRA Registration)

Title: _____ Given Name: _____ Surname: _____

Preferred Name: _____

Mobile: _____ Email: _____

QUALIFICATIONS

RACGP No: _____ ACRRM No: _____

Other: _____

PRACTICE DETAILS:

Main Practice Name/Address: _____

Phone: _____ Email: _____

Other Practice Name/Address: _____

Phone: _____ Email: _____

Principle Practice Nurse/s: _____

Languages Spoken: _____

Antenatal patients seen per month: _____

CPD Hours up to date ☐ Yes ☐ No (36 CPD hours 2026-2028 Triennium)

Please return this form to:

Leanne March

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General Manager Models of Care

Mobile: 0418 803 844

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