

PATIENT PARTNERSHIP *in CARE* APPLICATION

FTEs*	up to 1 FTE	1-2 FTE	2-3 FTE	3-4 FTE	4-5 FTE	5-6 FTE	6-7 FTE	7-8 FTE	8-9 FTE	9-10 FTE	10+ FTE
FEE	\$236	\$357	\$496	\$587	\$679	\$771	\$863	\$955	\$1035	\$1125	On Application

ALL PRICES INCLUDE GST | Prices are current for 2019 only

Price includes: Survey pack, comprehensive report, additional questionnaires, hard copy of full report (on request)

***Full Time Equivalent (FTE):** To calculate your FTE, simply add the weekly number of hours worked by each doctor and divide this number by 40. For example, 95 total doctors' hours worked equal 2.3. The final number is rounded up to the next whole number, so 2.3 = 3.

CONTACT NAME: (Dr/Mr/Mrs/Ms/Miss)						Male Female
CLINIC NAME:						
PREMISES ADDRESS:						Postcode:
POSTAL ADDRESS:						Postcode:
CONTACT TELEPHONE No.:			EMAIL ADDRESS:			
Total No. of Doctors' Hours per week:		Full Time Equivalent (FTE):		RURILITY (Please select): RA1 RA2 RA3 RA4 RA5		

Payment has been made for the amount of \$

by the following method:

Bank Transfer: Focused Evaluations Program Pty Ltd; BSB - 064110; Acc.No.: 10276795
For reference please provide the clinic name as written above.

Cheque: made payable to 'Client-Focused Evaluations Program' or CFEP'

Credit Card: (please note a Bank Service Fee of 1.5% will be added to all Credit Card transactions)

Visa Mastercard

Please debit my account. My account details are as follows:

Card No: ____ / ____ / ____ / ____ Expiry date: __ / __

Name on card: _____ Merchant Service Fee: 1.5%

SIGNATURE: _____ DATE: _____

Please return this form to: **Mail:** CFEP Surveys, PO Box 588, Everton Park, QLD 4053
Email: info@cfepsurveys.com.au
Fax: (07) 3355 7047

