 **Private Practitioner Eligibility Criteria**

In order to become a private practitioner with **headspace**, you must be able to answer yes to all of the statements below. Please mark each item with a 🗹 to indicate that you are able to meet the requirement. Please bring the completed form to your interview.

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| **Eligibility Checklist** |

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| 🞏 | I meet all eligibility criteria set out in the Medicare Benefits Schedule to provide health services. |
| 🞏 | I currently have or am willing to obtain a Medicare provider number. |
| 🞏 | I currently have or am willing to obtain an ABN and a company name linked to this ABN. |
| 🞏  🞏 | I currently hold full registration with the Australian Health Practitioner Regulation Agency (AHPRA).  OR  I hold accreditation as a mental health social worker or am eligible for this accrediation with the Australian Association of Social Work (AASW). |
| 🞏 | I have a minimum of 3 years of experience in the assessment, diagnosis and provision of evidence-based treatments of mental health disorders. |
| 🞏 | I have previous experience in providing health services to young people. |
| 🞏 | I currently have or am willing to obtain public liability insurance to the value of $10 million for any one event. |
| 🞏 | I currently have or am willing to obtain professional indemnity and medical malpractice insurance to the value of $10 million per claim, per annum. |
| 🞏 | I currently have or am willing to obtain a Working with Children Check (or equivalent). |
| 🞏 | I understand that working as a private practitioner, I will not be an employee of **headspace**, and as such will not receive a salary. |
| 🞏 | I understand that private practitioners receive rebates from Medicare for services provided through **headspace**. I further understand that Medicare sets the rebates and conditions for item number claiming, and as a private practitioner I am expected to comply with these. |
| 🞏 | I understand that as a private practitioner I will essentially be running my own business and I am responsible for paying my own tax, superannuation and insurances. |
| 🞏 | I understand that as a private practitioner I will be charged an administration fee (exclusive of GST) for the use of a consulting room and access to support services. |
| 🞏 | I understand that as a private practitioner a copy of my agreement, including my contact details, will be kept on **headspace’s** centralised contracts register. |

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| **Acknowledgement** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and understood the contents of this document.

Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_