

## CONTRACTOR DETAILS AND ACCEPTANCE FORM

I..... (hereafter called the "Registered Medical Practitioner") having practice premises as set out below and being a medical practitioner entered in the Register of Medical Practitioners maintained by the Irish Medical Council in that name, practising in the State, hereby agree to deliver the Services in accordance with the terms and conditions set out in this Contract to Eligible Patients.

1.	Registered Medical Practitioner's Full Name <i>(as it appears on the Irish Medical Council Register)</i>							
2.	Irish Medical Council Number	□	□	□	□	□	□	
3.	Medical Council Register- <i>(Please specify which Register)</i>							
4.	Practice Premises Address							
5.	Practice Eircode							
6.	Correspondence Address							
7.	GMS Panel Number <i>(where applicable)</i>	□	□	□	□	□	□	
8.	Telephone Number							
9.	Fax Number							
10.	Email Address							
11.	Normal/ Routine Surgery Hours <i>(please insert hours)</i>		Mon	Tue	Wed	Thurs	Fri	Sat
		Am						
		Pm						

The Registered Medical Practitioner agrees to notify the HSE of any changes or proposed changes in respect of any information provided in this **Contractor Details and Acceptance Form** in accordance with the Notice provisions at **Clause 19** of the Contract.

By signing below, the Parties hereby agree to the above and to the terms of the Contract.

<p><b>Signed by the Registered Medical Practitioner:</b></p> <p>_____</p> <p><b>Printed Name:</b></p> <p>_____</p> <p><b>Date:</b></p> <p>_____</p>	<p><b>Signed by an Authorised Representative of the HSE:</b></p> <p>_____</p> <p><b>Printed Name &amp; Title:</b></p> <p>_____</p> <p><b>Date:</b></p> <p>_____</p>
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The HSE intends to compile a list of names and contact details of Registered Medical Practitioners who enter into a Contract to provide the Services for patient information and service accessibility purposes. If you would not like to be included on this list please tick the box