

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 \square to indicate that you are able to meet the requirement. Please include this completed document in your application.

Eligibilit	ty Checklist	
	I meet all eligibility criteria set out in the Medicare Benefits Schedule to provide health services.	
	I currently have or am able to obtain a Medicare provider number.	
	I currently have or am able to obtain an ABN.	
	I currently hold full registration with the Australian Health Practitioner Regulation Agency (AHPRA)	
	OR	
	I am an accredited mental health social worker or am eligible for this accreditation with the Australian Association of Social Work (AASW)	
	I have at least 3 years of experience in the assessment, diagnosis and provision of evidence-based treatments of mental health disorders.	
	I have at least 3 years of experience in providing health services to young people.	
	I currently have or am able to obtain public liability insurance to the value of \$10 million for any one event.	
	I currently have or am able to obtain professional indemnity and medical malpractice insurance to the value of \$10 million per claim, per annum.	
	I currently have or am able to obtain a Working with Children Check (or state equivalent).	
	I understand that working as a private practitioner, I will <u>not</u> 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 a copy of my agreement, including my contact details, will be kept on headspace's centralised contracts register.	
I, acknowledge that I have read and understood the contents of this document.		
Practitio	Practitioner Signature: Date:	