

Capacity to assist in an emergency

Fax or email back your *Confirmation* to
North Western Melbourne Primary Health Network (NWMPHN)
Attention: Yvonne Bese
Fax: (03) 9347 7433 or **email:** yvonne.bese@nwmpnhn.org.au

**PLEASE NOTE ENROLLED NURSES MUST BE SUPERVISED BY A REGISTERED NURSE*

Confirmation of continued support

GP or nurse full name:	
If nurse, please confirm level*:	
Primary contact number:	
Secondary contact number:	
Primary email address:	
Secondary email address:	
Name of practice:	
Address of practice:	
Register for level of support: <i>*PLEASE NOTE ENROLLED NURSES MUST BE SUPERVISED BY A REGISTERED NURSE</i>	Entire practice Individual GP Individual nurse*

Please tick the box below to re-confirm you are willing to:

Be placed on North Western Melbourne PHN's emergency list and put on standby in the event of an emergency

Please identify the types of emergencies you can support (ensuring that you tick at least one box):

Extreme weather events – asthma/ thunderstorm asthma/ extreme heat/ storms

Extreme environmental events – fire/ flood


Infectious diseases – influenza/ measles

Epidemics/ Pandemics

Built environment response

Take on new/ extra patients if required.

Provide clinical assistance to patients referred from hospitals.



Provide clinical assistance for residential aged care patients who may be relocated.

Provide mutual support to other GPs in affected areas coordinated by NWMPHN.

a Assist within local hospitals upon a [Code Brown](#)

I hereby consent to my contact details, as displayed above, being forwarded to emergency services in the event of an emergency.

Name: _____

Signature: _____

Date: _____

Individuals who have nominated to assist are welcome to withdraw their consent to be part of this list at any time. Thank you for considering this request.

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Attention: Yvonne Bese

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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