

# INVOICE PROFORMA

1/09/2010

Date:

## NSW Rural GP Procedural Training Program

### GP Mentor Contact Record

From:

Name:

Address:

Email:

ABN:

To:

North Coast NSW GP Training Ltd

PO Box 1497

Ballina NSW 2478

P: (02) 6681 5711

F: (02) 6681 5722

ABN: 57 102 002 375

GP Mentor's name

GP Trainee's name

Date	Hours of patient contact time	Hours of direct mentorship (no patient contact)	Mentor allowance (rate per hour)	Amount
			\$100.00	
			\$100.00	
			\$100.00	
			\$100.00	

Total hours

Total (no GST has been charged)

#### Payment options: please complete one section

Direct deposit BSB:

Acc name:

Acc no:

Cheque

Payable to:

*We verify the above information relating to hours claimed is true and correct:*

X

GP Mentor signature:

Date:

X

GP Trainee signature:

Date:

Suggested activities include review learning plan and learning objectives; review hospital supervision and assessment; discuss placement educational opportunities/resources; review log book; debriefing and patient contact.