

TAX 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
<input type="text"/>	<input type="text"/>

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				
			Amount (exc GST)	<input type="text"/>
			GST	<input type="text"/>
			Total (inc GST)	<input type="text"/>

Payment options: please complete one section

Direct deposit BSB: Acc no:
 Acc name:

Cheque Payable to:

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

X X
GP Mentor signature: Date: **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.