

INVOICE PROFORMA

13/12/10

Date:

Teacher Incentive Payment (TIP) Program

From: Company:
 Address:
 Ph & Fax:
 Email:

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

Supervisor name	Registrar name
<input type="text"/>	<input type="text"/>

Activity completed	Date completed				Total (exc GST)	
	enter dd/mm/yy					
Orientation to the medical practice	<input type="text"/>				\$ -	
Orientation to general practice systems	<input type="text"/>				\$ -	
Orientation to the local community	<input type="text"/>				\$ -	
Teaching a practical procedure	<input type="text"/>				\$ -	
Direct Observation summary	<input type="text"/>				\$ -	
Structured Feedback	<input type="text"/>				\$ -	
Clinical exam case activity	<input type="text"/>				\$ -	
Completing new Workspace Teaching Plan	<input type="text"/>				\$ -	
Case discussion (GPT3 only)	<input type="text"/>				\$ -	
Topic review (GPT3 only)	<input type="text"/>				\$ -	
SuperTIP™	<input type="text"/>				\$ -	
SuperTIP claim can be made after all activities have been completed					Total (no GST included in total)	\$ -

- Direct observation summary attached
- Supervisor structured feedback summary signed and attached
- Registrar structured feedback summary signed and attached
- Learning goals and teaching plan summary attached

Note:

Completed TIP or SuperTIP activity forms **must** accompany invoice to receive payment.

TIP activities are paid at \$120 per activity

SuperTIP are paid at \$360

Payment options: please complete one section

Direct deposit BSB no: Acc no:
 Acc name:

Cheque Payable to: