



KeyWeb GP Application Form

(Please complete using block capitals)

Practice Details

Address:	
Email Address:	
Phone Number(s):	
Fax Number:	

How many GP's work in the practice ? _____

How many ancillary practice staff are employed e.g. nurse / secretarial ? _____

Does the practice have more than one surgery **Yes** **No**
(If yes, please list the addresses of other surgeries)

2) _____

3) _____

4) _____

Practice GP Details

<i>Surname</i>	<i>Firstname</i>	<i>GP Email Address</i>	<i>Assoc. with Surgeries:</i>

Practice Nurse Details

<i>Surname</i>	<i>Firstname</i>	<i>Nurse Email Address</i>	<i>Assoc. with Surgeries:</i>

Practice Administration Staff Details

<i>Surname</i>	<i>Firstname</i>	<i>Email Address</i>	Assoc. with Surgeries:

Internet access is through:

Dial up connection

Broadband?

Any Other Comments which you feel are relevant about the Practice's or individual GP's IT Set-up?

Please return completed application forms to:

Ms. Meliosa Moran,
ICT Dept.,
AMNCH,
Tallaght,
Dublin 24.
(01)4143487