

1) Fill in your details Please ensure all information is PRINTED CLEARLY

Practice name:			
Primary contact full name:			
Accreditation date:			
Practice address:			
State:	Postcode:	Phone – office:	Phone – mobile:
Email address:			
Have you used Insync before for your patient feedback survey? Yes / No (please circle)			

2) Select your preferred patient feedback program

Accreditation requires 30 surveys per FTE. Insync will provide you with the tools to facilitate both PAPER and ONLINE surveys. You can choose what works best in your practice or use both methods to maximise patient participation. There are TWO options for the PAPER survey component. Please select your preferred option below. If you plan to use the ONLINE survey only, choose Option 1.

*** 1 x FTE = 37 hrs per week. To calculate your number of FTEs, divide the total number of GP hours worked per week by 37.**

Option 1: Online survey + survey PDF file for you to print

Please circle your FTE:

Number of FTE GP in practice*	Price (incl GST)
1	\$325
2	\$420
3	\$515
4	\$610

Number of FTE GP in practice*	Price (incl GST)
5	\$705
6	\$800
7	\$895
8	\$990

Number of FTE GP in practice*	Price (incl GST)
9	\$1,085
10	\$1,180
11	\$1,275
12+	Contact us

Option 2: Online survey + surveys printed by Insync

Please circle your FTE:

Number of FTE GP in practice*	Price (incl GST)
1	\$405
2	\$525
3	\$645
4	\$765

Number of FTE GP in practice*	Price (incl GST)
5	\$885
6	\$1,005
7	\$1,125
8	\$1,245

Number of FTE GP in practice*	Price (incl GST)
9	\$1,365
10	\$1,485
11	\$1,605
12+	Contact us

Your order includes:

- The tools you need to facilitate the survey – PAPER and ONLINE methods, poster template, survey dropbox, checklist and patient information form, reply paid envelope for completed surveys
- Management of the data entry and analysis process
- Dashboard summary report with identified areas for improvement and recommended actions
- An online interactive report for self-analysis

Payment

Please keep a copy of this form, it will become a TAX INVOICE

Please fax **ALL orders** to Insync 03 9614 4460 or email: vop@insyncsurveys.com.au

PLEASE PRINT ALL INFORMATION CLEARLY

EFT Cheque

Please make out cheques to: **Insync Surveys Pty Ltd**

Bank details for Direct Debit

Account Name: Insync Surveys Pty Ltd

ABN: 58 108 768 958

BSB: 182-222 **Account No:** 26719 5691

Date: _____

Amount: \$ _____

Mastercard Visa

Card no:

[please print carefully as the bank charges for misread numbers]

Expiry date: __ __ / __ __

Cardholder's name: _____

Signature: _____