



Quality programme registration

To register for a College quality programme (i.e. Foundation Standard or Cornerstone), practices must complete this registration form. Once completed, email the form to the Quality team at quality@rnzcgp.org.nz.

To become Foundation certified (required for PSAAP agreement), practices complete the **Foundation Standard**.

Practices can then continue on their quality journey by achieving Cornerstone accreditation. **Cornerstone Bronze**, the first Quality accreditation tier, requires the completion of the Equity module and the Continuous Quality Improvement (CQI) module. Completion of further modules will allow a practice to become accredited in higher Quality tiers (i.e. **Cornerstone Silver** and **Gold**).

More information on the College's quality framework can be found on the Quality website at www.rnzcgp.org.nz/quality.

1. Our practice intends to become:

- Foundation Standard certified
- Cornerstone Bronze accredited Cornerstone Silver accredited Cornerstone Gold accredited

2. Practice details

Practice name:

HPI ID (please see [list of Ministry of Health HPI Facility ID here](#)):

Registered company name of the practice:

Legal name of the practice:

Physical address of the practice:

Postal address of the practice (if different to physical address):

Practice phone number:

Practice website:

PHO:

DHB:

Ownership structure (e.g. private):

Name of owner(s):

Virtual practice (i.e. no permanent physical site): Yes No

High needs: Yes No

Rural hospital: Yes No

Very low cost access: Yes No

Māori health provider: Yes No

Demographic (e.g. rural):

3. Contact details

The primary contact is the main person who is responsible for coordinating the practice team and communicating with the Quality team.

Name of primary contact:

Position:

Email:

Telephone:

The additional contact is the person whom the Quality team will contact if the primary contact is unavailable.

Additional contact name:

Additional contact email:

Invoice email is where the invoices will be sent:

Invoice email:

4. On behalf of the practice

Signature of applicant
(or signed electronically)

Date

Printed name:

Position:

Please email your completed application to the Quality team: quality@rnzcgp.org.nz