



# **CONFIDENTIAL**

## **VERIFICATION OF STATUS**

Verification of HIV+ status by a GP or a HIV specialist / HIV service provider is essential for any person applying for ordinary class of membership of QPP.

**ONLY ORDINARY CLASS OF QPP MEMBERSHIP IS ENTITLED TO VOTE.**

I,.....  
(name of GP or HIV specialist / HIV service provider)

- General Practitioner
- HIV specialist / HIV service provider

certify that the applicant

.....  
(name of person applying for ordinary membership of QPP)

is known to me to be HIV+.

Signature: .....  
(signature of GP or HIV Specialist)

Date: .....

**Please place practitioner stamp over signature**