**Application Form - Better Pain Management Course for**

**Primary Health Care Providers Grant**

|  |  |  |
| --- | --- | --- |
| **Section A – Applicant Details** | | |
| **Applicant name:** |  | |
| **Mobile phone:** |  | |
| **Email:** |  | |
| **GP practice or place of work:** |  | |
| **GP practice or**  **place of work address:** |  | |
| **Position/title:** |  | |
| **Professional Body/ Membership Number:** | (i.e. RACGP; AHPRA) | |
| **ABN/GST registration**  *(select 1 of the option)* | ☐I have an ABN and am registered for GST. | ABN number: |
| ☐ I have an ABN and am not registered for GST | ABN number: |
| ☐I do not have an ABN and am not registered for GST |  |

|  |
| --- |
| **Section B – Application Responses** |
| 1. **Please provide an overview of your patient cohort including approximate numbers of patients presenting with Chronic pain issues (Maximum 250 words).** |
|  |
| 1. **Which modules within the Better Pain Management Program are most relevant to your professional practice (please tick) and why? (Maximum 350 words).** |
| |  |  | | --- | --- | | **Making an effective pain diagnosis: a whole person approach**  The impact and management of psychological factors in pain  A whole person approach to chronic pain  Neuropathic pain: Identification and management  **Lower back pain: Assessment and management in primary care**  Opioids in pain management | Pharmacology of pain medicine  Non-joint musculoskeletal pains  Acute pain management: Post-discharge  **Understanding pain-related procedures**  High-dose problematic opioid use  Pain in children | |
| 1. **How do you anticipate that participation in the Better Pain Management program will impact your practice? (Maximum 250 words).** |
|  |
| **How did you hear about this opportunity?** |
| COORDINARE website ([Funding opportunities](https://www.coordinare.org.au/commissioning/funding-opportunities-list/better-pain-management-course-grant))  COORDINARE LinkedIn  Staying Ahead  In the loop  Direct email via Commissioning mailbox  Friends/Colleagues  Others (please specify) |

|  |  |
| --- | --- |
| **Section C – Declaration** | |
| ***This must be completed by the individual submitting the application:*** | **Agree** |
| If this application is successful, I agree to provide required deliverables (including invoice and certificate of completion) to COORDINARE – South Eastern NSW PHN via Folio Contract Management software. | ☐ |
| I understand and accept that information provided in this application may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats. | ☐ |
| I understand that this application does not create a legal or binding commitment and that if successful I will be bound by a contract with COORDINARE - South Eastern NSW PHN. | ☐ |
| I can confirm that the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements. | ☐ |
| I understand that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated. | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name:** |  | **Date:** |  |
| **Applicant Signature**  *(e-signature accepted)* |  | | |

## Appendix 2 – Conditions of this Expression of Interest

|  |  |
| --- | --- |
| General | Applicants should familiarise themselves with this document and the separate application form and ensure that their proposals comply with the requirements set out in these documents. |
| Acceptance | A non-complying submission may be rejected. COORDINARE may not accept any application. |
| Explanations | Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE. |
| Legal entity | COORDINARE will only enter into a contract with an organisation or individual, or a natural person at least 18 years of age with mental capacity to understand the agreement. |
| Expenses | All expenses and costs incurred by the practice in connection with this EOI including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the applicant |
| Additional information | If additional information to that requested in this document is required by COORDINARE when proposals are being considered, written information may be requested to obtain such information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification. |
| Process | COORDINARE reserves the right to withdraw from, or alter, the EOI process described in this document for whatever reason, prior to the signing of any agreement/contract with any party. |
| Ownership | All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions. |
| Notification of Probity Breach | Should any applicant feel that they have been unfairly excluded from responding or unfairly disadvantaged by the process, the applicant is invited to write to the Business Team at [commissioning@coordinare.org.au](mailto:commissioning@coordinare.org.au) |
| Lobbying | Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the application from further consideration. |
| No contract | Nothing in this EOI should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this EOI or the lodgement of submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place. |