**Expression of Interest – Application Form**

|  |
| --- |
| Palliative Aged Care in RACHs  A mentoring and education program for GPs |

|  |  |  |
| --- | --- | --- |
| Section A – Applicant Details | | |
| Applicant name: |  |  |
| Mobile phone: |  |  |
| Email: |  |  |
| Position/title: |  |  |
| AHPRA Registration Number: |  |  |
| ABN/GST registration  (select 1 of the following options) | I have an ABN and I am registered for GST. | ABN number: |
| I have am ABN and I am not registered for GST. | ABN number: |
| I do not have an ABN and I am not registered for GST | |

|  |  |  |
| --- | --- | --- |
| Section B – Assessment Criteria | | |
| 1. Provide details of Residential Aged Care Homes (RACHs) you are attending. | | |
| Name of RACH(s): |  | |
| RACH(s) Address: |  | |
| How often do you attend the RACH(s): | *(i.e. once per week)* | |
| RACH contact details | Name: |  |
| Position/title: |  |
| Email: |  |
| Phone: |  |
| 2. What benefits do you anticipate your participation in the program will bring to the Residential Aged Care staff and residents? | | |
| *Provide your response here\** | | |

|  |  |
| --- | --- |
| Section C – Declaration | |
| This must be completed by the individual submitting the application: | Agree |
| If this application is successful, I am committed to participating in the project within the designated time frame. |  |
| If this application is successful, I agree to provide the required payment document (including invoice and paid participation form) to COORDINARE – South Eastern NSW PHN. |  |
| 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 understand that I am required to have current and adequate insurances in place. (e.g., Professional indemnity insurance) |  |
| 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. |  |

|  |  |
| --- | --- |
| How did you hear about this opportunity? | |
| COORDINARE website – [funding opportunities](https://www.coordinare.org.au/commissioning/funding-opportunities-list) |  |
| COORDINARE [LinkedIn](https://linkedin.com/company/coordinare-senswphn) |  |
| COORDINARE [Facebook](https://www.facebook.com/CoordinareAU) |  |
| Staying Ahead [newsletter](https://www.coordinare.org.au/news-and-events/newsletters) |  |
| In The Loop [newsletter](https://www.coordinare.org.au/news-and-events/newsletters) |  |
| Direct email from [commissioning@coordinare.org.au](mailto:commissioning@coordinare.org.au) |  |
| Friends/Colleagues |  |
| Other (please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section D - Applicant name and signature | | | |
| Applicant name: |  | Date: |  |
| Applicant signature:  (e-signature accepted) |  | | |