**Expression of Interest – Application Form**

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| Palliative Aged Care in RACHsA mentoring and education program for GPs |

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| 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 |

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| 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\** |

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| 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. | [ ]  |

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| 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  | [ ]  |
| Friends/Colleagues | [ ]  |
| Other (please specify) | [ ]  |

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