



# Expression of Interest Application Form: Aboriginal Facilitator and Educator

**EOI reference number: EOI-2526-12**

**Embedding Culturally Safe Care in Aged Care, Disability and Veterans' services**

Complete Section A, B, C, D in this form and send it to [Commissioning@coordinare.org.au](mailto:Commissioning@coordinare.org.au)

## Are you submitting this application as an individual or on behalf of an organisation?

Individual	▶ <b>Complete Section A1, Section B, Section C, Section D</b>
Organisation	▶ <b>Complete Section A2, Section B, Section C, Section D</b>

## Section A1 – Applicant details – For individual

▶ <b>Applicant name:</b>			
▶ <b>Mobile phone:</b>			
▶ <b>Email:</b>			
▶ <b>ABN/GST registration:</b> (select 1 option)	<input type="checkbox"/>	I have an ABN and am registered for GST.	ABN:
	<input type="checkbox"/>	I have an ABN and am not registered for GST	
	<input type="checkbox"/>	I do not have an ABN and am not registered for GST	

## Section A2 – Applicant Details – For Organisation

▶ <b>Organisation name:</b>		
▶ <b>ABN (required)</b>	ABN:	Organisation is registered for GST
▶ <b>Organisation address:</b>		
▶ <b>Suburb</b>		<b>Postcode</b>
▶ <b>Organisation phone:</b>		



### Section A2 – Applicant Details – For Organisation

<b>▶ Key contact person</b> (Project Lead) The person who will be the facilitator	Name:
	Position in the organisation:
	Email:
	Mobile phone:
<b>▶ Authorised Signatory</b> e.g. CEO, Director, etc. Leave blank if it's the same as the Key contact person.	Name:
	Position in the organisation:
	Email:

### Section B – Assessment criteria

#### Which format of application are you submitting?

Video	Paste the link to your video application here:	If you are using a video, go straight to Sections C and D.
Written Application Form	Select this option if you want to email your submission via Word or PDF document.	Please continue by answering Sections B, C and D.
Online Application Form	You can use this form to draft your response. When you are ready to submit, you can copy and paste your answers into the online form here:	Please continue by answering Sections B, C and D.

#### 1. Can you please give an overview of your previous experience as a facilitator or cultural educator with health or care services? (500 word limit).



**2. Can you share a time when you supported community members to talk about something personal or difficult experiences. What helped make that space feel safe and respectful? (500 word limit).**

**3. How would you support Aboriginal community members to feel comfortable sharing their stories and experiences during the yarning circles? (500 word limit).**

**4. How do you see your role in helping bring community voices into a service improvement project like this? (500 word limit).**

**5. Do you have a current professional indemnity insurance?**

**If yes, attach your document to the email when you submit the application**



### Section C – Additional information

If you are the successful applicant is there anything you would need from COORDINARE to help, make this a safe and meaningful experience for you and the community? If yes, please make a note below. (500 word limit).

### Section D – Declaration

This must be completed by the individual submitting the application:	Agree
If this application is successful, I am committed to participate in the project within the designated time frame.	
If this application is successful, I agree to provide required payment document (including invoice and/or paid participation form) to COORDINARE – South Eastern NSW PHN.	
I understand and accept the Terms and Conditions of the Expression of Interest, as outlined in the EOI guideline.	
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.	
Note: If you submit your application via video, it's understood that you have read and accepted the above under Section D. Declaration.	



How did you hear about this opportunity?

COORDINARE website ([Funding opportunities](#))

COORDINARE Tenderlink

COORDINARE LinkedIn

COORDINARE Facebook

Staying Ahead Newsletter

In the Loop Newsletter

Direct email via [commissioning@coordinare.org.au](mailto:commissioning@coordinare.org.au)

Friends/Colleagues

Others (please specify)

▶ **Applicant name/authorised signatory and title:**

▶ **Applicant Signature:** (e-signature accepted)

**Now you have completed your form please email it to**  
[\*\*commissioning@coordinare.org.au\*\*](mailto:commissioning@coordinare.org.au)



## 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: <a href="mailto:commissioning@coordinare.org.au">commissioning@coordinare.org.au</a>
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.



