

## Expression of Interest - Application Form

### Collaborative Commissioning SENSW – Pulmonary Rehabilitation

#### Section A – Organisation Information

<b>Organisation name:</b>				
<b>ABN: (Required)</b>		<b>Is the organisation registered for GST?</b>	<input type="checkbox"/>	<b>Yes</b>
			<input type="checkbox"/>	<b>No</b>
<b>Organisation address:</b>				
	<b>Town:</b>		<b>Postcode:</b>	
<b>Organisation phone:</b>				
<b>Key contact person:</b>	<b>Name:</b>			
	<b>Position in organisation:</b>			
	<b>Email:</b>			
	<b>Mobile phone:</b>			

#### Section B – Assessment Criteria

1. Outline your experience in delivering rehabilitation services, and the nature of the injury / illness for which the service was delivered. (500 words max) - 35%

*Please provide your response here:*

2. Demonstrate your willingness to under the necessary pulmonary rehabilitation training. (500 words max) - 30%

*Please provide your response here:*

<b>3. Describe your ability to meet the minimum requirement of holding two one hourly group pulmonary rehabilitation sessions each week. (500 words max) - 15%</b>
<i>Please provide your response here:</i>
<b>4. Outlines times when you have had to assist patients with the completion of a St George’s Respiratory Questionnaire for COPD patients (SGRQ-C) or similar, and how this was achieved - 10%</b>
<i>Please provide your response here:</i>
<b>5. Aboriginal cultural safety - Provide a brief outline of what steps you are taking to ensure your service is safe and appropriate for Aboriginal and Torres Strait Islander people – 10%</b>
<i>Please provide your response here:</i>

Section C – Compliance		
<b>Provide copies of your current accreditation certificates.</b>	Current accreditation attached	<input type="checkbox"/>
<b>Provide required insurances attached including:</b>		
<ul style="list-style-type: none"> <li>• Public liability insurance: Certificate of currency - \$20 million per claim and in the aggregate of all claims</li> </ul>	Public liability attached	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Professional indemnity insurance: Certificate of currency - \$10 million per claim and in the aggregate of all claims</li> </ul>	Professional indemnity attached	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Workers compensation as required by the law</li> </ul>	Workers compensation policy attached	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Cyber Security - \$1 million per claim and in the aggregate of all claim (optional)</li> </ul>	Cyber Security certificate attached	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Confirmation the General Practice has an Aboriginal and Torres Strait Islander Impact Statement or Health Strategy or Reconciliation Action Plan.</li> </ul>		<input type="checkbox"/>

### Referees

Include two (2) professional referees for new funding recipients.

*Applicants who have previously received funding are not required to provide a referee.*

<b>Referee 1 Name:</b>	
Position:	
Organisation:	
Email:	
Phone:	
<b>Referee 2 Name:</b>	
Position:	
Organisation:	
Email:	
Phone:	

### Section D– Declaration

***This must be completed by an authorised representative of the organisation submitting the application:***

Agree

I declare that the organisation is able to implement the project within the designated time frame for a 12-month period commencing in the second half of 2024.

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 declare that funding has not been sought or received for this activity from any other source.

I declare that the organisation is financially viable and able to manage the funding within the timeframe and within budget.

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.	<input type="checkbox"/>
If this application is successful, I agree to provide reports in the specified format to COORDINARE – South Eastern NSW PHN on activity processes and outcomes.	<input type="checkbox"/>
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.	<input type="checkbox"/>

<b>Authorised Representative Name:</b>		<b>Date:</b>	
<b>Position of Authorised Representative:</b>			
<b>Authorised Representative Signature:</b> <i>[e-signature is accepted]</i>			