*My health for life* Provider Organisation Expression of Interest form – Western Queensland

## **Instructions:**

* Please provide a brief typed (not handwritten) response to all the items below. All columns are required to be completed.
* Applications for the **Western Queensland region** are due 16 February 2018. Applicants by this due date will be able to participate in the mid-March 2018 local facilitator training.
* Applications may still be accepted for the Western Queensland region after 16 February, based on community need. Training to be available after June 2018.
* Save your application in .pdf format and include your business name e.g. HappyHealthySeniors\_EoI

## **For noting:**

* You are required to nominate up to two facilitators to attend the 1.5-day *My health for life* facilitator training on the dates identified for your region. Please ensure that your nominated facilitator/s are willing and available to attend training prior to submitting your EOI.
* If your application is successful, you will be required to provide the following within one week of being notified:
  + Full and current CVs for the nominated facilitator/s
  + Copies of Professional Indemnity for the facilitator/s
  + Copies of your Public Liability insurances

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| **Expression of interest details** | |
| EOI region (e.g. Brisbane South, Mackay, Cairns etc.) |  |
| Preferred work locations within region (e.g. Woodridge, Proserpine, Atherton etc.) |  |

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| **Business and contact details** | | |
| Business name |  | |
| Business location |  | |
| Contact details for EoI | Name: |  |
| Email: |  |
| Phone number: |  |
| Proposed location/venues for delivering the MH4L program and participant capacity for venue | Location/s (e.g. Roma Library): |  |
| Venue/s capacity: |  |

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| **Organisational capacity to deliver the *My health for life* program** | | |
| Provide your organisational operating history, including the type of services you are currently delivering and the length of time providing services. |  | |
| Does your organisation currently provide any preventative health or behaviour change programs? If so, please provide details. |  | |
| Please detail how *My health for life* will fit within your business. |  | |
| Public Liability Insurance/s available? | Yes/No | |
| Please provide the following information about your nominated facilitator. You can nominate a second facilitator for training if this support your delivery model.  Note the following:   * You will be required to provide a full CV for each and professional indemnity certificate on notification of successful EOI * These facilitators need to be available for the facilitator training program dates specified | **Facilitator 1 name:** |  |
| Qualifications: |  |
| Number of years practicing in profession: |  |
| Examples of experience delivering behaviour change programs: |  |
| Examples of experience delivering group based programs: |  |
| Professional indemnity certificate available: | Yes/no |
| **Facilitator 2 name (optional):** |  |
| Qualifications: |  |
| Number of years practicing in profession: |  |
| Examples of experience delivering behaviour change programs: |  |
| Examples of experience delivering group based programs: |  |
| Professional indemnity certificate available: | Yes/no |

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| **Experience with third party contracts and relationships with other primary health providers** | |
| Do you hold or have you recently held contracts for other entities i.e. HHS, PHN, government. If so, please provide details |  |
| Outline your relationships with other primary health providers in your region |  |

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| **Program delivery and recruitment of participants** | |
| Do you currently provide services to or have access to people at risk of chronic disease who may be eligible to participate in the MH4L program? If so, please provide further information. |  |
| Provide details on how you would deliver the program including[[1]](#footnote-1):   * Promotion of the program * Identification of eligible participants e.g. health check events, use client database etc * Recruitment of eligible participants * Other |  |
| Provide details on how you would manage the program, including participant booking, data entry etc |  |

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| **Additional information** | |
| Please provide any other information that is relevant to your application |  |

# **Application checklist**

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| **Item** | **Completed** |
| All details requested above have been provided |  |
| CVs of all proposed facilitators included as an attachment |  |
| Copies of Professional Indemnity of all proposed facilitators included as an attachment |  |
| Copies of Public Liability insurances included as an attachment |  |

Please submit your application by email to [provider@myhealthforlife.com.au](mailto:provider@myhealthforlife.com.au) by **5pm Friday 16 January 2018.**

1. The identification and recruitment of participants for group-based programs is a joint effort between Provider Organisations and the *My health for life* program team. However, we strongly encourage Provider Organisations to utilise their own established connections with the target audience to refer into their group-based programs. [↑](#footnote-ref-1)