# NT PHN Request for Tender Application

# Outreach Health Service Provider (Podiatrist)

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| **PROVIDER DETAILS** |
| Legal Entity Name: |  |
| Registered Trading Name (if applicable): |  |
| ABN (or ACN if appropriate): |  |
| Registered Address: |  |
| Postal Address: |  |
| Phone: |  | Website: |  |
| Email: |  |

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| **PARTNER/CONSORTIUM DETAILS (IF APPLICABLE)**  |

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| Legal Entity Name: |  |
| ABN (or ACN if appropriate): |  |

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| **CONTACT DETAILS** |
| **Principal Contact:** This is the person who is legally authorised to enter into contracts on behalf of your organisation |
| Contact Name: |  |
| Position: |  |
| Email: |  |
| Phone: |  |
| **Contact for this Application (if different from above)** |
| Contact Name: |  |
| Position: |  |
| Email: |  |
| Phone: |  |

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| **CONFLICTS OF INTEREST** |
| Do you or any of your organisation’s personnel for example employees, contractors, board members or their immediate family members have a personal or business relationship with NT PHN or any of our staff?*(Please note that declaring a conflict will not impact on the assessment of your application. However, knowing this information will enable NT PHN to manage the situation appropriately).* | [ ]  Yes - provide details below[ ]  No |

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| **REFERENCE** |
| Details of one Australian based referee who can comment on your expertise to deliver this scope of work and working with you as a client. | Name: |  |
| Position: |  |
| Organisation: |  |
| Phone: |  |
| Email: |  |

| **APPLICATION QUESTIONS** |
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| Are you currently providing Podiatry services in the NT? | [ ]  Yes [ ]  No |
| Are you based in the NT? If No, what region/s or location/s are you providing services? | [ ]  Yes [ ]  No |
| Please provide an overview of the podiatry services you currently offer?*(400 words maximum)* |  |
| Could you elaborate on your understanding and strategy for providing podiatry services to Aboriginal and Torres Strait Islander communities in the Northern Territory?*(400 words maximum)* |  |
| What experience and capacity do you/your organisation have to deliver these services?*Include any details of your organisation’s community engagement and community representation in governance or planning.* |  |
| We confirm we would be able to undertake the services as follows:* Complete approximately 36 - 290 days of service annually. This is spread across multiple remote NT communities in the Top End, Central Australia, Barkly, Big Rivers & East Arnhem Regions of the NT.
* set daily rate of $1,320 (inc. GST) and;
* intrastate travel and accommodation arranged and funded separately by NT PHN;
* interstate travel to be self-funded.
 | [ ]  Yes [ ]  No |
| Please provide the name/s and credentials of the personnel who will be delivering this service. |  |
| If unsuccessful, do you approve your contact details to be kept so you can be contacted for future opportunities with NT PHN? | [ ]  Yes [ ]  No |

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| **DECLARATION** |
| **This section must be completed by an authorised representative of the organisation:**I declare on behalf of the Applicant that:1. 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
2. I confirm we meet all the eligibility requirements
3. I agree to contact NT PHN should I become aware of any changes to information contained in this application
4. I agree to declare as part of the application process any actual, perceived or potential conflicts of interest, for example financial, material or professional.
5. I understand that this application does not create a legal or binding commitment, arrangement or understanding between NT PHN and the applicant organisation.
6. I am authorised to make this declaration on behalf of the applicant/s.

Please submit yes if you agree this is a true declaration yes [ ]  no [ ]

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| Name (Block Letters): |  |
| Position of Authorised representative: |  |
| On behalf of (Organisation): |  |
| Date: |  |

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