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