

# GP Service Support Grant Application Form

October 2022



1. Provider Details	
<b>Legal Entity Name:</b>	
<b>Entity Type:</b>	<input type="checkbox"/> <b>Company (<i>incorporated under the Corporations Act 2001</i>)</b> <input type="checkbox"/> Please tick if you are a sole director and sole company secretary
	<input type="checkbox"/> Association ( <i>incorporated under State/Territory legislation</i> )
	<input type="checkbox"/> A Partnership ( <i>established through State/Territory legislation</i> )
	<input type="checkbox"/> Organisation ( <i>established through a specific piece of Commonwealth or state/Territory legislation e.g. university, church, union etc.</i> )
	<input type="checkbox"/> A Trust ( <i>please provide copy of Trust Deed</i> )
	<b>Trustee:</b>
	<input type="checkbox"/> <b>Sole Proprietor:</b> <input type="checkbox"/> <b>Other (please specify):</b>
<b>Registered Business Name (if applicable):</b>	
<b>ABN: (or ACN if appropriate)</b>	
<b>Registered Address:</b>	
<b>Postal Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Does your organisation currently have any contracts with NT PHN?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Account Details:	
<b>Bank Account Name:</b>	
<b>BSB:</b>	
<b>Account Number:</b>	
<b>Registered for GST:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Contact Details	
<b>Principal Contact: The person who is legally authorised to enter into contracts on behalf of your organisation</b>	
<b>Contact Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	

2. Contact Details	
<b>Contact Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	

3. Conflicts of interest	
<p>Does 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 the information will enable NT PHN to manage the situation appropriately.</p>	<input type="checkbox"/> No  <input type="checkbox"/> Yes (provide details below)

4. Organisational Eligibility	
<p>Does the organisation provide health-related and/or clinical services as the first point of contact within a community for prevention, diagnosis and treatment of ill- health, and for ongoing management of chronic disease?</p>	
<p>Describe:</p>	
<p>Do you have relevant insurances?</p> <ul style="list-style-type: none"> <li>Workers compensation insurance relevant to territory legislation</li> <li>Public liability insurance for an amount of not less than twenty million dollars per claim</li> <li>Professional indemnity insurance for an amount of not less than ten million dollars per claim</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the organisation comply with the requirements as set out within all applicable Territory and Commonwealth legislation and regulations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will the proposed activities be delivered, and funds acquitted by 30 June 2023?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please tick the geographical area where this grant will be utilised (tick multiple answer if applicable)</p>	<input type="checkbox"/> East Arnhem <input type="checkbox"/> Top End <input type="checkbox"/> Big Rivers <input type="checkbox"/> Barkly <input type="checkbox"/> Central Australia

## 5. Proposal

How do you want to use this grant ?  
(tick multiple answer if applicable)

- Costs associated with onboarding and orientation
- Supporting visa applications and processing
- Employer Sponsorship
- Logistics support
- Relocation
- Other costs directly relating to recruitment of GPs
- Recruitment of staff that support GPs, please specify:

Please detail out your activity plan with expected timeline here  
(increase the row number as needed)

Planned activities	Completed month (2023)
1.	
2.	
3.	
4.	
5.	

## 6. Budget

Total amount (GST exclusive) requested from RWA NT GP Service Support Grants

\$

Please provide a detailed Budget listing all expenditure relating to the planned activities. All figures must be GST exclusive.

Grant Expenditure	Amount (GST exclusive)
<b>TOTAL Expenditure</b>	<b>\$</b>

## Declaration

An authorised representative of the organisation must complete this section:

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/s.
6. I am authorised to make this declaration on behalf of the applicant/s.

This is a true declaration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Position:	
Signature:	
On behalf of (organisation):	
Date:	

Please submit all application forms to [recruitment@ntphn.org.au](mailto:recruitment@ntphn.org.au) and for further information please contact Barbara Hamilton – Workforce Consultant on 08 8982 1010.