**Expression of Interest: Aboriginal Facilitator**

**Women’s Business, Women’s Way - A Women’s Health Screening Program**

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| **Women’s Business, Women’s Way - A Women’s Health Screening Program** |

**Complete Section A, B, C, D in this form and send it to** **Commissioning@coordinare.org.au**

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| **Are you submitting this application as an individual or on behalf of an organisation?** |
| [ ]  Individual  | Complete Section A1, Section B, Section C, Section D |
| [ ]  Organisation | Complete Section A2, Section B, Section C, Section D |

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| Section A1 – Applicant details – For individual |
| **Applicant name:** |  |
| **Mobile phone:** |  |
| **Email:** |  |
| **ABN/GST registration:****(select 1 option)**  | [ ]  | **I have an ABN and am registered for GST.** | **ABN** |  |
| [ ]  | **I have an ABN and am not registered for GST** | **ABN** |  |
| [ ]  | **I do not have an ABN and am not registered for GST** |  |

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|  Section A2 – Applicant Details – For Organisation  |
| **Organisation name:**  |   |
| **ABN: (Required)**  |  | **Is the organisation registered for GST?** | **​​☐​** | **Yes** |
| **​​☐​** | **No** |
| **Organisation address:**   |   |
| **Suburb:** |  | **Postcode:** |   |
| **​​O​rganisation phone:**  |   |
| **Key contact person (Project Lead)**The person who will be the facilitator | **Name:** |   |
| **Position in organisation:** |   |
| **Email:** |   |
| **Mobile phone:** |   |
| **Authorized Signatory** e.g. CEO, Director, etc.Leave blank if it’s the same as the Key contact person. | **Name:** |   |
| **Position in organisation:** |   |
| **Email:** |   |

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| Section B – Assessment criteria |
| Which format of application are you submitting? |
| [ ]  Video | Paste the link to your video application here:  | If you are using a video, go straight to Sections C and D. |
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| [ ]  Written Application Form  | Select this option if you want to email your submission via Word or PDF document. | Please continue by answering Sections B, C and D. |
| [ ]  Online Application Form | You can use this form to draft your response. When you are ready to submit, you can copy and paste your answers into the online form here:  | Please continue by answering Sections B, C and D. |
| 1. **Can you please give an overview of your previous experience as a facilitator or cultural educator?**
 |
| *Please provide your response here:* |
| 1. **Can you share a time when you supported community members to talk about something deeply personal or difficult. What helped make that space feel safe and respectful?**
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| *Please provide your response here:* |
| 1. **How would you support women to feel comfortable sharing their stories and experience during the yarning circles?**
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| *Please provide your response here:* |
| 1. **How do you see your role in helping bring community voices into a health project like this?**
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| *Please provide your response here:* |

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| Section C – Additional information |
| If you are the successful applicant is there anything you would need from COORDINARE to help, make this a safe and meaningful experience for you and the community? If yes, please make a note below.  |
| *Please provide your response here:* |

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| Section D – Declaration |
| ***This must be completed by the individual submitting the application:*** | **Agree** |
| If this application is successful, I am committed to participate in the project within the designated time frame. |[ ]
| If this application is successful, I agree to provide required payment document (including invoice and paid participation form) to COORDINARE – South Eastern NSW PHN. |[ ]
| 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. (e.g., Professional indemnity insurance)  |[ ]
| 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 understand that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated. |[ ]
| Note: If you submit your application via video, it’s understood that you have read and accepted the above under Section D. Declaration. |

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| How did you hear about this opportunity? |
| COORDINARE website – [funding opportunities](https://www.coordinare.org.au/commissioning/funding-opportunities-list) | [ ]  |
| COORDINARE Tenderlink - [Tenderlink](https://portal.tenderlink.com/coordinare) | [ ]  |
| COORDINARE [LinkedIn](https://linkedin.com/company/coordinare-senswphn) | [ ]  |
| COORDINARE [Facebook](https://www.facebook.com/CoordinareAU) | [ ]  |
| Staying Ahead [newsletter](https://www.coordinare.org.au/news-and-events/newsletters)  | [ ]  |
| In The Loop [newsletter](https://www.coordinare.org.au/news-and-events/newsletters) | [ ]  |
| Direct email from commissioning@coordinare.org.au  | [ ]  |
| Friends/Colleagues | [ ]  |
| Other (please specify) | [ ]  |

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| Applicant signature |
| **Applicant Name/** **Authorised signatory and Title** |  | **Date:** |  |
| **Applicant Signature:****(e-signature accepted)** |  |

Now you have completed your form please email it to commissioning@coordinare.org.au

## Conditions of this Expression of Interest

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| General  | Applicants should familiarise themselves with this document and the separate application form and ensure that their proposals comply with the requirements set out in these documents.  |
| Acceptance  | A non-complying submission may be rejected. COORDINARE may not accept any application.  |
| Explanations  | Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.  |
| Legal entity  | COORDINARE will only enter into a contract with an organisation or individual, or a natural person at least 18 years of age with mental capacity to understand the agreement.  |
| Expenses  | All expenses and costs incurred by the practice in connection with this EOI including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the applicant |
| Additional information  | If additional information to that requested in this document is required by COORDINARE when proposals are being considered, written information may be requested to obtain such information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.  |
| Process  | COORDINARE reserves the right to withdraw from, or alter, the EOI process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.  |
| Ownership  | All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.  |
| Notification of Probity Breach  | Should any applicant feel that they have been unfairly excluded from responding or unfairly disadvantaged by the process, the applicant is invited to write to the Business Team at commissioning@coordinare.org.au |
| Lobbying  | Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the application from further consideration.  |
| No contract | Nothing in this EOI should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this EOI or the lodgement of submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place. |