

# LIFE! PROVIDER EXPRESSION OF INTEREST (EOI) FORM

Please fill in the following details and return to the *Life!* team. Please ensure you complete all fields.

Date:
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## Organisation Contact Details

<b>Organisation Details</b>
Organisation Name:
Organisation Address:
Postal Address (optional):
ABN:
Website address:
How would you best describe your provider organisation:
<input type="checkbox"/> Allied Health Professionals <input type="checkbox"/> Community Health Centre <input type="checkbox"/> Hospital <input type="checkbox"/> Health Service <input type="checkbox"/> General Practice <input type="checkbox"/> Other: _____

## Manager Contact Details

Name:	
Phone:	Mobile (optional):
Email:	Fax:

## Main Contact Details (First point of contact for the *Life!* team)

Main Contact details same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Position:
Phone:	Mobile (optional):
Email:	Fax:

## Life! Program Management

Venue Availability	
Is there an appropriate space at your organisation or do you have access to an appropriate venue within the community for you to deliver the <i>Life!</i> course (i.e. private space for 8-15 people, chairs, computer/laptop and projector/screen)?	
Referral Pathways	
What referral pathways or networking opportunities are available to you in order to receive eligible participants for your <i>Life!</i> courses?	
Area Coverage	
Which area/s would your organisation be interested in delivering the <i>Life!</i> course?	
Data Entry	
Will each facilitator be responsible for entry of participant data assigned to them; or will there be staff (i.e. administration/reception) responsible for this?	
Community Events	
Would your organisation be interested in attending community events within your catchment to increase promotion of the <i>Life!</i> program in your local and surrounding areas and possibly gain referrals for your group courses?	

## Life! Provider Insurance Details

Public Liability Insurance	
Do you have the required Public Liability Insurance coverage for at least \$5,000,000 for any one occurrence?	
What is the name of the company you have Public Liability Insurance with?	
Professional Indemnity Insurance	
Do you have Professional Indemnity Insurance coverage for at least \$1,000,000 for any one claim and will this continue to be maintained for at least two years after the End Date* stated in the PSA?	
*End Date will be the 30 <sup>th</sup> June each year.	
What is the name of the company you have Professional Indemnity Insurance with?	

GST Registration	
Is this organisation registered for GST?	

Facilitator/s name (Life! trained facilitator/s or health professional/s to attend Life! facilitator training)	

Please return completed form to the *Life!* team:

### Life! program

Post: 570 Elizabeth Street, Melbourne VIC 3000  
Email: [life@diabetesvic.org.au](mailto:life@diabetesvic.org.au) Fax: 03 9667 1757

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