

## LIFE! TELEPHONE HEALTH COACH PROVIDER EXPRESSION OF INTEREST FORM

Thank you for expressing interest in becoming involved in delivering *Life! telephone health coaching service*. Please fill in the following details and return to the *Life!* team. Please ensure you complete all details.

Date:
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### Provider Contact Details

First name:	Surname:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address:	
Suburb:	Postcode:
Postal address:	
Suburb:	Postcode:
Email:	Mobile:
Business hours phone:	Other phone:
Preferred method of contact:	
Qualification/s <sup>1</sup> :	
If 'Other', please specify:	
Certification of the Health Change Australia model trainings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification of Motivational Interviewing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification of <i>Life!</i> training: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work experience:	

<sup>1</sup> A certified copy of your qualification must be submitted

Do you have regular access to a computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have broadband internet connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Specifics for the *Life!* Telephone health coaching service

<p>How many hours per week can you dedicate to delivering and recruiting for <i>Life!</i> Telephone health coaching? Please include typical weekdays / weeknights and Saturday and/or Sunday hours.</p>	
<p>Where will you deliver the telephone health coaching service from? (Home, private office etc)?</p>	
<p>Are you willing to cover all costs involved to deliver the service such as; telephone, mobile, internet and other telecommunication devices?</p>	
<p><i>Life!</i> program telephone health coaches need to actively generate participant referrals into the program. Please detail what strategy/ies you have to ensure a sustainable referral network:</p>	
<p>Comments:</p>	
Signature:	Date:

## 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 30th June each year.	
What is the name of the company you have Professional Indemnity Insurance with?	

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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