APNA Building Nurse Capacity EOI Group 2-2020

Pre-application information

1. Contact details *

Name and contact details *

First Name [ ] Work Number [ ]

Last Name [ ] Home number [ ] (optional)

Mobile [ ]

Email: home *

Home email [ ]

Email: work *

Work email [ ]

2. Are you an APNA member? *

What type of membership do you have? (Please comment below)

☐ Yes

☐ No

Comments

[ ]
3. How did you hear about the Building Nurse Capacity project? (select as many as applicable) *

- [ ] APNA website
- [ ] APNA Connect
- [ ] Facebook
- [ ] Twitter
- [ ] Linkedin
- [ ] Fax out
- [ ] Primary Health Network (PHN)

- [ ] Other Publications - Write In (Required)
4. Which PHN catchment do you work in? (select all that apply). If unsure please visit the PHN locator to find out.
If you work across more than one, please write which catchment belongs to your *main* place of work (in primary health care) in comments *

<table>
<thead>
<tr>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td>South Western Sydney</td>
<td>Western Sydney</td>
<td>Western Sydney</td>
<td>Northern Territory</td>
<td>Adelaide</td>
<td>Eastern Melbourne</td>
</tr>
<tr>
<td></td>
<td>Western NSW</td>
<td>Central and Eastern Sydney</td>
<td>Western Queensland</td>
<td>Gold Coast</td>
<td>Country SA</td>
<td>Gippsland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hunter and New England Central Coast</td>
<td>Northern Territory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nepean Blue Mountains</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>North Coast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Northern Sydney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Eastern NSW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments

[Blank Box]
5. Please indicate the type of primary healthcare organisation that is applying. *

- Aboriginal and/or Torres Strait Islander Health Care Services
- Aged care facility / Community-based residential care
- Boarding house/outreach to homeless
- Community health services
- Community residential care, e.g. young disabled, group home
- Consultant/Contractor (self-employed)
- Correctional services/Prison
- Drug and alcohol clinic
- General practice
- Maternal and child health service
- Mental health service/facility
- Military medical facility
- Other - Write In (Required)
- Specialist medical rooms
- Telehealth/call centre
- University/TAFE clinic
- Workplace health centre
- Pharmacy
- Refugee health
- School/preschool
- Sexual health clinic
- Social services

Comments

---

**Organisation and contact details**
6. Organisation details

Name of organisation

Website (if applicable)

7. Address

Unit / Level

No. and Street

Suburb

8. State

ACT
NSW
NT
QLD
SA
TAS
VIC
WA

9. Postcode
10. Is the organisation registered for GST?
   - Yes
   - No

11. Is the applicant organisation a viable legal entity?
    See page 5 of EOI for description of legal entity
    - Yes
    - No

12. Type of legal entity

13. ABN

14. Is the organisation accredited? *
   - Yes
   - No

15. Accreditation details
    Accreditation type
    Accrediting organisation
16. Software packages you currently use (clinical software, audit tools etc)

About the organisation and project support

17. Provide a brief summary of the type of work the applicant organisation usually performs (max. 200 words)

18. If the organisation is a General Practice, what is the most recent SWPE (Standardised Whole Patient Equivalent)?

19. What is the ratio of GPs to nurses in your organisation? (if applicable)
20. Lead Nurse contact details
This is the person who will be leading the nurse-delivered (team-based) model of care

Full name
Position
Phone
Email
Qualifications

21. What category/categories best fits your registration status? (select all that apply) *

☐ Nurse Practitioner  ☐ Registered Nurse  ☐ Enrolled Nurse

☐ Midwife  ☐ Other - Write In (Required)

Comments

22. AHPRA Registration Number *

23. Enrolled Nurse supervising RN contact details

<table>
<thead>
<tr>
<th>First Name</th>
<th>Best contact email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Best contact phone</td>
</tr>
</tbody>
</table>

24. Are you of Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No
- Prefer not to say

25. What is your current age? (please round to the nearest year) *

26. What gender do you identify as?

- Female
- Male
- I identify as...
- Prefer not to say
27. **Project support person** (2)

This is the person nominated to support the lead nurse throughout the project.

- **Full name**
- **Position**
- **Phone**
- **Email**

28. **Principal contact person** (3)

Person who is authorised to enter into contracts on behalf of your organisation. The principal contact must complete the declaration at the end of this application and will be required to sign a funding agreement if your application is successful. Note: For Incorporated Organisations this is generally an office bearer of the management committee e.g. Senior management, CEO.

- **Full name**
- **Position**
- **Phone**
- **Email**

---

**Key Selection Criteria**

29. Does the nurse clinic model you are developing build on existing nurse clinic models (e.g. chronic disease management models) or is an innovative idea?

- [ ] Builds on existing nurse clinic
- [ ] Innovative concept
30. Title of proposed service / clinic *eg* Indigenous Health Checks, Men’s Health Clinic, Health and Wellness Coaching

31. Service / clinic summary (max. 200 words)
Including details of the proposed service model, target group, aims and proposed outcomes.

32. How will your proposed nurse-delivered (team based) model optimise the scope of practice of the lead nurse and build capacity of the team, to deliver efficient and effective clinical care? (max. 200 words)?
33. Discuss any external stakeholders you will engage in your project (e.g. subject matter experts, peak bodies, PHNs).

Letters of support from external parties demonstrating their involvement and commitment will enhance your application. (max. 150 words). These can be uploaded at the end of this application.

34. Provide a brief description of how the proposed model will have the capacity for financial sustainability through existing funding streams following completion of participation in the BNC project (max. 150 words)

  e.g. maximise MBS, increased patient throughput, innovative billing practices, other.

35. Describe how the services provided by the nurse-delivered (team based) model will integrate with the wider service system. (max. 200 words)

  eg. referral pathways, use of My Health Record
36. What is the local population health need, or gap that your project will address? (max. 150 words)

37. Briefly discuss how the proposed nurse-delivered model will meet the identified population health need (max. 200 words)

38. Please provide the evidence-base and any supporting guidelines that you will apply, to support the development of the nurse-delivered model (max. 200 words)
39. Document the demand for, and your organisation's access to, the chosen target group (max. 150 words)

Section 3

40. Please describe the experience, clinical expertise and qualifications of the lead nurse undertaking the project? (max 200 words)

41. Describe your organisations capacity to set up a nurse-delivered model of care (max 200 words)

- A functional space to provide the clinic
- Support from internal and external staff to refer patients
- Ready to commence activities in October 2020
- Evidence of organisation support
**42. Grant expenditure**

Please provide details of how you plan to use the $10,000 to support the implementation of the nurse-led model of care. The items listed here are suggestions only and have been identified as enablers to the development of nurse-led models of care.

<table>
<thead>
<tr>
<th>Amount (excl. GST)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration (10% max)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Mentor support for nurses</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Specialist training for nurses</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Purchase of equipment or resources</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Backfill to support project staff and/or nurse to attend project activities</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Other (a)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Other (b)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Other (c)</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Other (d)</td>
<td>[Blank]</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

Comments

[Blank]
43. **Describe your organisation’s experience in managing grants/projects** (max. 150 words)

44. **Please describe the proposed governance arrangements that will be available to support your project?** (max 150 words)
   
   e.g. regular team meetings, reporting processes within the organisation.

Section 5

**Please ensure you upload the required documentation before submitting your application. (up to eight documents will be accepted - 2MB)**

45. Please upload the following documents:

   - Signed Declaration form - available here
   - Evidence of current public liability insurance
   - Letters of support (optional)

Click 'Browse' to select your file then 'Upload' to attach the file.