EXPRESSION OF INTEREST: Application

COVID-19 vaccination program for homebound vulnerable people

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| **Applicant name:** | | |
| **Name of practice/organisation:** | | |
| **Address:** | | |
| **Company name: ABN:** | | |
| **Applicant details:** | Phone: | Email: |
| **Practice manager details:** | Phone: | Email: |
| **Practice principal details:** | Phone: | Email: |
| **EXPRESSION OF INTEREST QUESTIONS** | |  |
| 1. **Are you an existing COVID-19 vaccine provider?**   *If Yes*:  **Do you have the ability to contribute to vaccine supply from own stock allocation?** | | **Yes / No**  **Yes / No** |
| 1. **What workforce would you use for this service?** | | **GPs**  **Nurse Immunisers**  **Either/both** |
| 1. **Which geographical area are you prepared to travel throughout? (Tick one or multiple)** | | Northern suburbs  Western suburbs  Eastern suburbs  South eastern suburbs  Specific postcodes only – please indicate the region (for example: north, west) and list the postcodes below. |
| 1. **Could you start providing home visits beginning in October?**   *If No – when could you start? (indicate week commencing)*  **Please estimate the number of sessions per week you think you have the capacity to dedicate to this service (using a 4-hour session as the standard length).** | | **Yes / No**  **Which week could you start?**  **Number of sessions per week =** |
| 1. **Do you have (or have you previously had) a contract relationship with a PHN?**   *If yes, Which PHN?*  *Please note: you may be asked to provide details for two referees. If you are asked to provide referees, they must be external to the respondent’s organisation and must not be current or former employees of NWMPHN.* | | **Yes / No** |
| 1. **Conflict of Interest declaration**   **Where the respondent is aware of any actual, perceived or potential conflicts of interest related to this EOI, please provide a detailed response to the questions at right:**  **The respondent confirms it has provided all relevant information regarding an actual, perceived or potential conflict of interest which the respondent has, or may have, in performing the activities to which this EOI relates.** | | 1. Particulars of the conflicts of interest. 2. Details of the process and procedures used to manage or resolve the actual, perceived, or potential conflicts.   **Yes / No** |
| 1. **Quote for Service**   **Applicant to provide a quote to deliver the service for a 4-hour session.** | | **Enter details of quote here or attach to your application.** |

**Please also respond to the evaluation criteria below.**

Evaluation criteria

Applicant should use the ‘response’ column to provide relevant information to support the application. If you are already a verified vaccine provider, you can specify this to support your application.

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| **Criterion** | **Name** | **Description** | **Response (word limit of 250 words per criterion)** |
| **1** | **Workforce Capability and Capacity** | The applicant has provided evidence or confirmation that the staff (GPs, nurse immunisers) that will be delivering the vaccines have the relevant credentials to deliver vaccines.  The applicant can demonstrate that they have the capability to scale up and down in response to demand over the program period from October to December 2021.  The applicant has indicated they are prepared to vaccinate other members of the household, home aged care workers, or disability workforce while on the premises at the same time. | *<Applicant should provide the relevant qualifications for staff who will be administering the vaccine and any additional details supporting the workforce capacity and capability.>*  *250 words maximum.* |
| **2** | **COVID-19 Vaccine Training** | The applicant can provide evidence all COVID-19 vaccine training modules have been completed for each of the staff that will be working on the program.  Training modules for COVID-19 include:  Federal training: <https://www.health.gov.au/covid-19-vaccination-training-program>  State (Victoria) Training: <https://www.coronavirus.vic.gov.au/training-covid-19-vaccine-providers> | *<Applicant can provide the completion certificates for both Federal and State COVID-19 training as evidence that the training modules are valid and complete.>* |
| **3** | **Clinical Governance** | The applicant can demonstrate that they have clear, accountable clinical governance structure in place (for example: clinical supervision, risk management, registration and credentialing documentation, escalation processes, patient/client management system). | *<Applicant should provide detail around the governance in place or that will be put in place.>*  *250 words maximum.* |
| **4** | **Cold Chain Storage** | The applicant must demonstrate their capability to receive, store, transport, manage and administer COVID-19 vaccine as per TGA and ATAGI regulations – including cold chain and infection prevention control. | *<Explain how you would manage the storage and transportation of the vaccines.>*  *250 words maximum.* |
| **5** | **Mobile Capability** | The applicant has verified that they have the mobile capability to visit clients in their own homes, including vehicles, workforce, occupational health and safety procedures for home visiting, including emergency and anaphylaxis management. | *<Explain how you would manage the mobile capability components of the vaccines.>*  *250 words maximum.* |
| **6** | **Operational (including Australian Department of Health procedures)** | Eligible applicants must have access to the Australian Immunisation Register (AIR) and upload all vaccination data in a timely manner.  The applicant must be able to comply with Australian Department of Health [procedures for off-site vaccinations](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/allocations-storage-handling#vaccinating-patients-offsite). The applicant must agree to the procedures set out by the PHN for reporting and surveys.  The applicant must have appropriate insurance compliance. Please submit the following certificates of currency with this application:   * Insurance – public liability: minimum $20 million per claim * Insurance – professional indemnity: minimum $10 million per claim * Insurance – workers compensation | *<Demonstrate how you will meet the Operational requirements.>*  *<Please attach insurance certificates.>* |

**Please provide any additional information you would like us to know to support your expression of interest.**