**APPENDIX 2**

**Response Form**

**1** **Instructions to Bidders**

Before you begin, please read this document in its entirety, paying particular attention to the Service Solutions, the Selection Criteria and Conditions of the RFP.

Bidders must complete all relevant sections of the Response Form, including the declaration.

Please lodge your RFP Response electronically to [commissioning@gcphn.com.au](mailto:commissioning@gcphn.com.au) no later than **5.00pm (AEST), 27 April 2021**, submitting the RFP Response along with any attachments (not to exceed 10MB in total). GCPHN will not consider a Response received after 5.00pm on the closing date.

Responses lodged by any other means, including by mail or facsimile, will not be considered.

Enquiries in relation to this RFP should be directed to Christine Ash, Program Coordinator - Primary Health Care, Gold Coast Primary Health Network via [christinea@gcphn.com.au](mailto:christinea@gcphn.com.au).

**2 Compliance Statement**

*[Bidder is only to complete this section for instances of non-compliance or partial compliance]*

|  |
| --- |
| *As part of the bidder’s response to this Invitation, the bidder is required to demonstrate their compliance with 1.4 Eligibility Criteria. Where the bidder will not comply or will only partially comply, the bidder must cross reference the specific criterion and state either will not comply or partially comply in their Response.* |
|  |

**3 About Your Organisation**

|  |  |
| --- | --- |
| **Legal Entity Name** |  |
| **Trading/Business Name** |  |
| **Date Business Commenced** |  |
| **Australian Company Number (ACN** |  |
| **Australian Business Number (ABN)** |  |
| **Entity type** | Association Incorporated  Proprietary Limited (Pty Ltd) ***(delete as appropriate)***  Public Company limited by guarantee  Public Company limited by shares  Indigenous Corporation  Partnership  Other incorporated entities (please specify) |
| **Business Physical Address** |  |
| **Business Mailing Address**  ***(if different to above)*** |  |
| **Phone** |  |
| **Email** |  |
| **Website *(if applicable)*** |  |

**4 Contact Details for RFP**

|  |  |  |
| --- | --- | --- |
|  | **Preferred Contact** | **Alternative Contact** |
| **Name** |  |  |
| **Position** |  |  |
| **Postal address** |  |  |
| **Phone** |  |  |
| **Email** |  |  |

**5 Service Description**

**Organisations Experience and Expertise**

|  |
| --- |
| Describe your organisations experience and expertise on the following.   * Specialist wound care management * Working within residential aged care facilities * Engaging general practices and other service providers included in resident’s multidisciplinary care * Project managing the implementation of new services within short timelines   Submit your implementation plan including key deliverables and timeline |
| *(enter your response here - 500 word limit)* |

**The Service Model**

|  |
| --- |
| Outline your description of the Services - please ensure you include the following detail:   * Ability to engage consumers, carers and family in the planning and delivery of services * Your service delivery model for the following components.   + Service Information and Referral Pathways   + Intake and Triage   + Specialist Wound Management Services including detail of evidence-based approaches   + Strengthening multidisciplinary team effectiveness * Staffing profile, including level of competency, experience and expertise of staff * Demonstrate capacity to support mentoring and coaching for wound care * Working within a multidisciplinary approach to ensure coordinated and integrated care * Referral process and demand management strategies * Demonstrated experience and evidence in meeting reporting of Key deliverables including capability to collect, manage and report client outcome data * Key stakeholders that will need to engage to ensure successful outcomes. Your organisations existing linkages or approach to engaging these stakeholders. |
| *(enter your response here - 500 word limit)* |

**Budget Template**

Please submit a budget using the budget template at Attachment 3.

**6 Due diligence**

**6.1 Insurance**

Please provide a copy of certificates for public liability of $20 million per event and professional indemnity of $10 million per event, professional indemnity, and Workcover *(if applicable).*

|  |  |  |  |
| --- | --- | --- | --- |
| Public Liability | | | |
| **Insurance company** |  | **Policy number** |  |
| **Amount $** |  | **Expiry date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Indemnity | | | |
| **Insurance company** |  | **Policy number** |  |
| **Amount $** |  | **Expiry date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Cover *(if applicable)* | | | |
| **Insurance company** |  | **Policy number** |  |
| **Expiry date** |  |  |  |

**6.2 Quality Standards and Certification**

There are currently sets of core standards and clinical standards which are endorsed and accepted by GCPHN. If your organisation is formally accredited against any of the following standards, please indicate by checking the applicable box next to the name of the standard and provide a copy of your Certification and any associated reports as part of your Response.

**Core Standards**

|  |  |  |
| --- | --- | --- |
| **Name of GCPHN Accepted Standard** | | |
| Human Services Quality Standards | **Expiry date of certification** |  |
| Quality Improvement and Community Services Standards | **Expiry date of certification** |  |

**Clinical Standards**

|  |  |  |
| --- | --- | --- |
| **Name of GCPHN Accepted Standard** | | |
| Royal Australian College of General Practice Standards | **Expiry date of certification** |  |
| National Safety and Quality Health Service Standards | **Expiry date of certification** |  |

If your organisation is formally accredted against any other Quality System, please list your quality certifications below and provide a copy of your quality certification as part of your Response.

|  |  |  |  |
| --- | --- | --- | --- |
| Quality System | | | |
| **Name of Standard/Quality System** |  | **Expiry date of certification** |  |
| **Name of Standard/Quality System** |  | **Expiry date of certification** |  |
| **Name of Standard/Quality System** |  | **Expiry date of certification** |  |

**6.3 Your Reconciliation Action Plan status**

GCPHN has a Reconciliation Action Plan (RAP) for our Workplace to work toward meeting our vision below.

GCPHN’s vision for reconciliation is for an inclusive Australian community, which:

* acknowledges the impacts of our history
* values Aboriginal and Torres Strait Islander and non-Indigenous cultures, rights and experiences
* builds respectful and trusted relationships between all Australians
* contributes to a strong shared national culture of compassion and connection.

The Gold Coast Primary Health Network acknowledges the importance of reconciliation in building one world class health system for people living in the Yugambeh Language Region of South East Queensland. We aim to embed cultural understanding into our internal and external activities, striving for equal health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples through a culturally informed, welcoming and proud environment.

GCPHN would be interested to understand if your organisation currently has a RAP in place or is working toward a RAP with Reconciliation Australia. Please tick one of the boxes below to indicate your current status. Should you wish to find out more about a RAP [Click here for access](https://www.reconciliation.org.au/reconciliation-action-plans/)

|  |  |  |
| --- | --- | --- |
| Yes, our organisation has a RAP in place with Reconciliation Australia | Yes, our organisation is currently working on the development of our RAP with Reconciliation Australia | Our organisation does not currently have a RAP in place with Reconciliation Australia |
|  |  |  |

**6.4 Referees**

Please identify three Referees who can be contacted to support your Response, can you please submit with your application a letter of support for this RFP from two of your referees.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Referee 1** | **Referee 2** | **Referee 3** |
| **Name** |  |  |  |
| **Position** |  |  |  |
| **Organisation** |  |  |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
| **Relationship** |  |  |  |

**6.5 Declaration**

Please read and sign the following declaration:

* I have read and accept the Conditions of the RFP Invitation outlined in Appendix 1.
* I declare that the organisation is financially viable and able to provide the Service.
* I declare that all information provided in this Response is true and correct.
* I declare that the organisation has capacity to comply with GCPHN Service Agreement.
* I understand and accept that information provided in this Response will be stored by Gold Coast Primary Health

Network in various formats including hard copy and/or electronic storage.

* I have read and understood the GCPHN Conflict of Interest Procedure and if a conflict of interest was identified,

I have completed and submitted the Conflict-of-Interest form to [hr@gcphn.com.au](mailto:hr@gcphn.com.au)

I have supplied all the following Response requirements and supporting documentation:

A completed Response Form (including 2 letters of support from nominated referees)

Evidence of legal entity status (eg. Certificate of Incorporation)

Evidence of current Public Liability Insurance (eg. Certificate of Currency)

Evidence of current Professional Indemnity Insurance (eg. Certificate of Currency)

Evidence of Workers Compensation Insurance (if applicable)

Evidence of Quality Certification (if applicable)

Other certifications and insurances as appropriate to the nature of the services (eg working with children, volunteer insurance)

Evidence that the organisation is financially viable (Annual Report, profit and loss statement, last year’s financial statements, audited if available, or provide such other information as may be requested by GCPHN)

List of accountable, legally assigned office bearers, including names and position titles (eg directors, executive officer and company secretary)

**Signed by authorised organisation representative**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

*Thank you for taking the time to complete this Response Form.*