|  |  |  |
| --- | --- | --- |
| GOLD COAST PHN - Conflict Notification  Standard Funding Agreement Terms and Conditions Clause 9.4.2 | | |
| **PHN Name: GOLD COAST** | | |
| **Location: 14 EDGEWATER COURT, ROBINA, QLD** | | |
| **Contact Details: (07) 5635 2455** | | |
| Detail of the Conflict: | | |
| Conflict type and description: |  | |
| Names and contact  details of all parties involved in the conflict: |  | |
| Dates relevant to the conflict: (include whether the conflict is new or historical) |  | |
| Further information:  (if any) |  | |
| Proposed strategy for resolving or managing the Conflict: | | |
| Attachments: (list all attachments provided support of the proposed approach) | | |
| Signature: | |  |
| Personnel Name: | |  |
| Position: | |  |
| Date: | |  |