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| GOLD COAST PHN - Conflict NotificationStandard 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:  |   |