**Your Service Model Endorsed by Us (if applicable)**

(Example only). *INSTRUCTIONS: Please complete in the format provided and submit via email to* *commissioning@gcphn.com.au*

|  |
| --- |
|  **Your Model of Service endorsed by Us (where applicable)** |
| **Service Description** |  |
| **Indicative Annual Targets**  |  |
| **Proposed Service Model (including draft Program Logic)** |  |
| **Staffing** |  |
|  | Position | FTE |  |
|  |  |  |
|  |  |  |
|  |  |  |

**DOCUMENT CONTROL**

|  |  |  |
| --- | --- | --- |
| **Managed By:**Director of Commissioning | **Approved By:**Executive Director, Commissioning (Programs) | **Version:**1.0 |
| **Date Approved:** 31/10/2024 | **Next Review Date:**31/10/2025 | **Status:**Final |

**REVISION RECORD**

|  |  |  |
| --- | --- | --- |
| **Date**  | **Version**  | **Revision Description**  |
|  |  |  |