**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*](mailto: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** |
|  |  |  |