

VicOutreach Indigenous Ear and Eye Surgery Program Aboriginal Community Controlled Health Organisation

Application form for patient appointment/s

The Rural Workforce Agency Victoria (RWAV) is the Victorian fundholder for the Australian Government's Ear and Eye Surgical Support Service (EESSS). In Victoria, this program is known as the VicOutreach Indigenous Ear and Eye Surgery Program (EESP).

The aim of the EESP is to increase access to surgery for Indigenous Australians with diagnosed eye and ear conditions and who have been placed on a waiting list for surgery.

- Services are prioritised to people living in rural and remote locations.
- Providing timely treatment for eye and ear conditions will improve health outcomes for Indigenous Australians, with flow on effects to educational and employment outcomes.
- In the case of ear conditions, services will be limited to those for children and youth (0-21years).

RWAV will coordinate the Indigenous EESP with existing outreach services, as a priority, to ensure that where early detection and screening programs are identifying specialist referrals, the EESP can support the Aboriginal Community Controlled Health Service (ACCHS) in linking patients to a service for specialist consultation and treatment.

Under the EESP, RWAV cannot duplicate other funding support where payments are made through the Care Coordination and Supplementary Services Program (CCSS) and/or the Victorian Patient Transport Assistance Scheme (VPTAS).

The EESP service model will require RWAV to provide support to ACCHSs to ensure the referral pathway is well coordinated and to promote a principle of sustainability throughout the program.

An application is required for all services seeking VicOutreach EESP funding. Any application must be submitted to RWAV by the ACCHS.

Funding under the EESP can support:

- Patient and (one) Carer travel, accommodation, meals and out of pocket expenses for ear and eye specialist consultations and surgery.
- Hosting and service coordination by the relevant ACCHS.

Application requirements

This application form comprises the following parts, which must **all** be completed:

- Business and contact details
- Service model
- Visit details

Completing the application form

To complete an EESP application form:

1. Either print the application form to complete, or type directly into the Word document.
2. Ensure you have completed all parts of the application form for each proposed service. Incomplete applications will not be considered.
3. Submit the form and any accompanying paperwork (as requested in the application form) to RWAV.
4. Applications can be posted, emailed or faxed to:

Post:	Email (application as attachment):	Fax:
Rural Workforce Agency Victoria Level 6, Tower 4, World Trade Centre 18–38 Siddeley Street Melbourne VIC 3005	eesss@rwav.com.au	03 9820 0401

Next steps

Applications for proposed services funded through VicOutreach EESP will be assessed and prioritised by RWAV according to the following assessment criteria.

- 1. Service responds to VicOutreach EESP priorities.**
- 2. Increases access to health professionals for local and regional Indigenous residents.**
- 3. Value for money.**

Proposals may be required to be approved by the Australian Government Department of Health. Applicants will be notified in writing of the outcome of proposals as soon as RWAV receives confirmation.

1. BUSINESS AND CONTACT DETAILS

Full legal trading name of the organisation / business

This is the Aboriginal Community Controlled Health Organisation that will hold the Service Provider Agreement with RWAV

Organisation legal name:

Trading as (if applicable):

ABN:

GST registered: Yes No

Phone:

Fax:

Email:

Physical address:

Postal address:

Authorised representative of the organisation

This is the representative responsible for signing the Service Provider Agreement with RWAV (e.g. Director or CEO)

First name:

Surname:

Title:

Position:

Phone:

Fax:

Email:

Contact person

This is the person who will provide RWAV with activity reports and invoices. These must come from the organisation with which RWAV has the Service Provider Agreement

As above

First name:

Surname:

Title:

Position:

Phone:

Fax:

Email:

Consent and confidentiality

Information provided in this service application form will be used to assess applications for funding and/or support from VicOutreach EESP and to undertake RWAV's duties in the administration of VicOutreach EESP.

Information provided will be disclosed to the Australian Government Department of Health, the Victorian Advisory Forum and other individuals, agencies or organisations (e.g. local health providers) as required by law or as deemed necessary by RWAV to fulfil its obligations in the administration of VicOutreach EESP.

By completing this form and selecting the box below, you are indicating your permission for RWAV to use the information provided as described above.

I have read the above and give consent for the information provided to be used in accordance with these terms.

Name:

Position:

Organisation:

Date:

PLEASE NOTE: In order to process your proposal, RWAV requires all information requested in this form to be provided.

Procedures relating to privacy are set out in a policy statement that can be obtained from the RWAV website: www.rwav.com.au.
If you have any concerns or would like to verify information held about you, please contact the [RWAV Privacy Officer](#).

2. SERVICE MODEL

Proposed service priority for the identified patient

Ear Specialist (ENT) Appointment

Eye Specialist (Ophthalmologist) Appointment

Patient Name / Identifier Number (any collated data under EESP will be de-identified):

If the patient name has been supplied, have they signed a consent form (see Appendix B):

Yes

No

Who will provide the service?

If the health professionals are not yet recruited, please list the specialty/discipline required and note that they are not yet recruited/identified.

Specialist name(s) for appointment

Specialty / discipline

Where will the patient travel *from* to attend this service

Where will the patient travel *to* attend this service

Service description

Type of service

Pre-Operation Consult

Date:

Surgery

Date:

Post-Operation Consult

Date:

Other

Date:

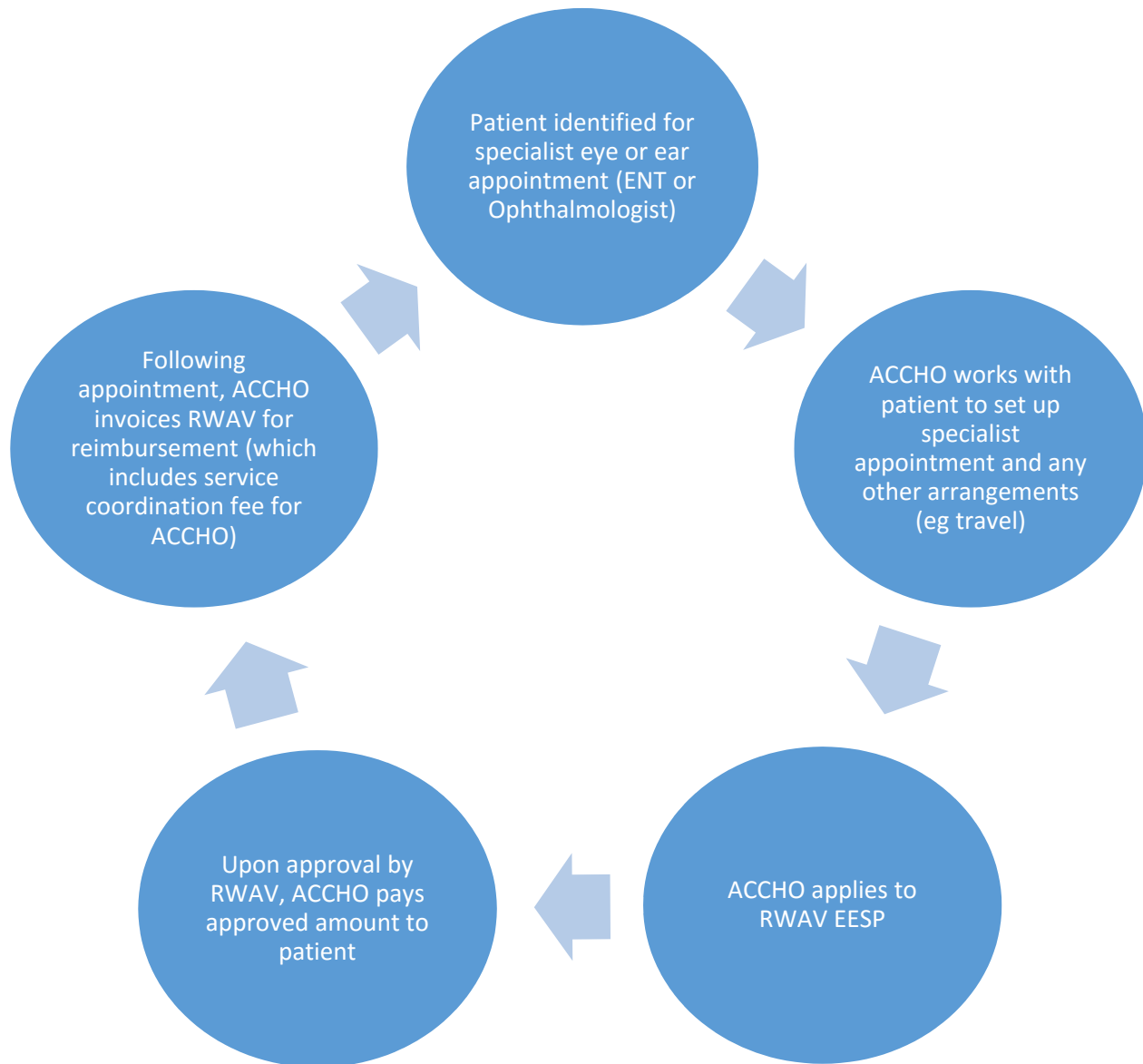
Description of service:

- *EG How will the patient travel to the appointment?*
- *Has the patient been booked for the appointment?*
- *Is there any other information including any other out of pocket expenses that RWAV needs to be aware of?*

3. VISIT DETAILS			
Is the patient of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the patient be accompanied by a Carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel type <i>How will the patient travel to the appointment?</i>	<input type="checkbox"/> ACCHS Clinical Driver	<input type="checkbox"/> Commercial flight	<input type="checkbox"/> Patient or Carer's Own Car
	<input type="checkbox"/> Hire car	<input type="checkbox"/> Taxi	Other:
	Further details (as required):		
Visit length <i>How long will the patient stay at the location of the appointment?</i>	Number of <i>days</i> spent in the appointment location:	Number of <i>nights</i> for which accommodation is required for the appointment visit:	
Is there a cost for the specialist appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Is the applicant receiving funds for this service from another source?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide details:		
Are you able to provide the following to RWAV within one month of service delivery:			
An invoice to ensure reimbursement of costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A service report detailing outcome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPENDIX A

Vic Outreach Ear and Eye Surgery Program (EESP) ACCHO / Patient Application - Administration Process



What RWAV can support under EESP funding:

- Patient and one Carer travel, accommodation and meals (ATO prescribed rates)
- ACCHO clinical driver costs (including travel costs and backfill – prescribed rates)
- Costs of surgical appointments (up to \$500)
- ACCHO service coordination fee for each appointment kept (\$250.00)

APPENDIX B

VicOutreach Indigenous Ear and Eye Surgery Program

Patient Consent Form

I hereby give my consent for

..... (Aboriginal Community Controlled Health Organisation) to provide Rural Workforce Agency Victoria (RWAV) with my name and appointment information for the purposes of an application for funding support the Indigenous Ear and Eye Surgery Program (EESP).

I understand that this information will be kept confidential and de-identified by RWAV.

Signed _____ **Date** _____