

RWAV APPLICATION FORM

Application for Outreach funding

The Outreach programs are funded by the Federal Government and administered by Rural Workforce Agency Victoria (RWAV). This application form is presented to an advisory forum for endorsement before being submitted to Department of Health for approval. The advisory forum consists of representatives from the Department of Health, Victorian Department of Health and Human Services, RWAV, Primary Health Networks, Optometry and various health professionals broadly representing specialists, GPs, allied health and nursing. Please consider the intended audience when completing this form, ensuring that the form is complete, specific and does not assume local knowledge of the community the services are intended for. **Please read all italic instructions before completing each section.**

Section 1: Application Overview

This section provides general details regarding your application

1.1. General information			
Type of service	New	Variation to existing service	
Existing service ID number <i>(If an existing service)</i>			
Is the application for multiple locations or services	Yes	No <i>(If yes, please complete the required information for each service and location in section 2, 3 and 4)</i>	
Outreach Program	RHOF VOS	MOICDP	HEBHBL
Service delivery model type	Face to face	Telehealth	Mixed model
Which health priority is this service targeting? <i>(For more information see Service Delivery Guidelines)</i>	<p>MOICDP: Diabetes Cardiovascular Disease Renal Disease Respiratory Disease Cancer Other:</p> <p>HEBHBL: Ear Health</p>		

	<p>RHOF: Maternity and Paediatric Health Eye Health Mental Health Support for chronic disease management Other:</p> <p>VOS: Eye Health</p>
List other disciplines that are part of this team	
ASGC-RA score	

When recruiting health professionals for services listed in this proposal, the fund holder agrees that the following actions will be addressed:	
Health professional must be able to invoice fund holder within one month of service to ensure reimbursement of costs.	Yes No
Confirm with the health professional to provide the service report to the fund holder identifying patient numbers and upskilling undertaken during the reporting period, which must be submitted with the invoice.	Yes No
Confirm that the health professional is registered or licensed under a law of a State or Territory that provides for the registration or licensing of said health professionals.	Yes No
Confirm the health professional providing outreach services has appropriate insurance coverage.	Yes No

1.2 Objectives of the Proposal

The objectives should describe the aim of the services listed in the proposal. It should consider what the service plans to achieve, and should be closely linked to addressing the needs identified.

1.3 Description of Proposal

What will the health professional do? Consultations, procedures or both? Upskilling?

This section needs to describe how the services will be delivered. It should include what type of service will be delivered. When describing the service delivery there should be references to how it will link with other health programs, and who will be able to refer to the service.

Section 2: Outreach service description

This section provides detailed information regarding the outreach services and how the service will be provided. Please complete a table for each service and location.

Discipline(s) proposed	
Proposed service and location or circuits (for example: cardiology to Nhill or optometry to Orbost and Mallacoota)	
Proposed commencement date	
Proposed frequency (for example, monthly or fortnightly)	
Proposed number of visits per year	
Proposed number of days per visit	
Proposed number of clinic hours per visit	
Patient Billing	% bulk billed % or fee for service
2.1 Base location information (where Outreach service provider is travelling from)	
Provider name	
Provider base location (if identified, where health professional will be travelling from)	
If the provider has not been identified, how do you intend to recruit them?	

How long typically would your recruitment process generally take?	
<i>Please note you only have 3 months to recruit into the role before the service is cancelled.</i>	
Will the provider provide upskilling or professional development to the local organisation? This can be informal (eg. case discussions, phone support)	Yes No
Has the provider completed Cultural Safety Training?	Yes No
2.2 Outreach location information	
Location of proposed outreach service	
Facility where service will be delivered	
Overnight accommodation required	Yes No
Mode of travel from base location to outreach location	Car Flight Other:
2.3 Other information	
Registrar Involvement	Yes No Speciality:
Student Involvement	Yes No Type:
Aboriginal health worker involvement	Yes No
Will funds be received from anywhere else for this service	Yes Please identify: No

Section 3: Telehealth information

This section and questions are only relevant for service providers delivering telehealth services.

3.1 Base location <i>Where the telehealth service is delivered from</i>	
Telehealth platform used?	
Do you own the telehealth equipment required?	Yes No
3.2 Outreach location <i>Where the telehealth service will be delivered to</i>	
Telehealth platform used?	
Does the service location own the telehealth equipment required?	Yes No

Section 4: Outreach service evidence

This section offers an opportunity for applicants to provide the required social and health evidence to claim the outreach needs in the proposed location.

4.1 Evidence of Need (500 words maximum)

The evidence of need should describe generally why this type of service is needed. Reference to reports, studies or the RWAV Needs Assessments can help support this. (Available at <https://www.rwav.com.au/vicoutreach/>)

It should then describe why the local community needs the services specifically, including:

- General population figures
- Statistics or qualitative evidence from local organisation about prevalence of disease
- Current equivalent services
- Description of barriers to access (e.g. cost, cultural appropriateness of existing services, distance to existing services, waiting times – include a description of the nearest alternative service)
- Linkages with other existing services in the organisation/region
- Identified communities or regions that can access the proposed services
- When needed, include citation from relevant research to demonstrate the links between the proposed service and the targeted health priority

4.2 Proposal Consultation

To assist in planning, it is important to identify all stakeholders who have been consulted in relation to this proposal. This will minimise the risk of service duplication and help promote awareness linkages with other services and organisations. It is mandatory to consult with all relevant local health organisations before submitting this proposal. This includes, but is not limited to, AMS or ACCHS, Divisions, Primary Health Networks, Area Health Services, or Local Health Networks. In the case of outreach optometry services, local community health and GPs who would usually refer to an optometry service are appropriate points of contact for consultation.

Organisation	Contact Name	Additional Comments

4.3 Letters of support (maximum of 3)

In addition to the consultation above, all proposed services require an attached letter of support from relevant local health organisations/professionals confirming the need for outreach services. Proposals for any services that will supplement existing local services require a letter of support from the local workforce, or an explanation of why this has not been provided.

All services for Aboriginal and Torres Strait Islander patients must include letters of support from the relevant Aboriginal and Torres Strait Islander health service and/or community.

Please attach copies of the relevant letters of support to this proposal, and provide a summary below.

Organisation	Contact Name	Additional Comments
1.		
2.		
3.		

4.4 References

In addition to the letters of support, applicants are required to provide community references to deliver the outreach service. Applicants are able to list the organisations providing letters of support or new organisations.

Reference organisation No. 1

Organisation Name

Primary contact

Email

Phone

Reference organisation No.2

Organisation Name

Primary contact

Email

Phone

Section 5: Service administration

This section details the organisations and specialist involved in delivering the outreach service.

5.1 Applicant details

Please provide information of the person applying for the outreach service

Organisation Name

Primary contact

Role

Email

Phone

Mobile

Will the applicant hold the contract with RWAV

Yes No
(If no, please refer to section 5.2)

5.2 Fundholder details

Please provide information of the organisation that will hold the contract with RWAV if different from above.

Organisation Name

Primary contact

Role

Email

Phone

Mobile

Section 6: Resources

Listed below are resources that you can refer to, that may help in completing the application form, particularly for the narratives such as Evidence of Need, Description of Proposal and Objectives of the Proposal.

- Rural Workforce Agency Victoria’s Outreach Service Programs – www.rwav.com.au
- Population Statistics – www.abs.gov.au
- RA Classification – www.doctorconnect.org.au

Office use only

This section is for RWAV staff use only.

Date received	
Date sent to working group	
Date sent to advisory forum	
Date sent to DoH for approval	
Application outcome	Approved Reserve list Not approved
Funding source	Annual allocation Reserve funding