

VICOUTREACH OPTOMETRISTS SCHEME

Service Application Form

The Rural Workforce Agency Victoria (RWAV) is the Victorian fundholder for the Australian Government's Visiting Optometrists Scheme. In Victoria this is known as the VicOutreach Optometrists Scheme (VOS).

The VOS aims to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of outreach health activities. The objectives of the VOS is to:

- Increase optometry services in areas of identified need;
- Improve the coordination and integration of those eye health services and the quality of ongoing patient care; and
- Enhance communication between visiting optometrists, local health providers and other visiting health professionals.

COMPLETING THE APPLICATION FORM

To complete a VOS 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 service
3. Submit the form and any accompanying paperwork to vos@rwav.com.au

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

NEXT STEPS

The VicOutreach Victorian Advisory Forum (VAF) will evaluate all proposals presented by RWAV and endorse those proposals that meet both the VicOutreach VOS priorities and the needs of proposed locations. The VAF comprises a broad range of stakeholders with relevant knowledge and expertise about health delivery arrangements in regional, rural and Aboriginal and Torres Strait Islander communities in Victoria.

All endorsed proposals must be approved by the Australian Government Department of Health. Approved services will then be considered for funding subject to availability.

Applicants will be notified in writing of the outcome of proposals as soon as RWAV receives confirmation. Successful applicants will be required to enter into a funding agreement with RWAV.

CONSENT AND CONFIDENTIALITY

Information provided in this Statement of Intent will be used to assess eligibility for funding and/or support from the VOS and to undertake RWAV's duties in the administration of the VOS.

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 the VOS.

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](#)

Please refer to the VOS Needs Assessment 2015-2016 on the RWAV website for further information regarding the VOS <https://www.rwav.com.au/programs/outreach-services>

Please refer to the following link on the Australian Government Department of Health website for further information regarding the Visiting Optometrists Scheme (VOS)–Service Delivery Standards <http://www.health.gov.au/internet/main/publishing.nsf/Content/ruralhealth-vos-service-delivery-std>



health
professional
solutions

1. BUSINESS AND CONTACT DETAILS			
Full legal trading name of the organisation / business <i>This is the organisation that will hold the Service Provider Agreement with RWAV</i>			
Organisation legal name:			
Trading as (if applicable):			
Phone:		Email:	
Authorised representative of the organisation <i>This is the representative responsible for signing the Service Provider Agreement with RWAV (e.g. Director or CEO)</i>			
First name:		Surname:	
Title:		Position:	
Phone:		Fax:	
Email:			

2. SERVICE MODEL	
Who will provide the outreach service? <i>If the health professionals are not yet recruited, please list the specialty/discipline required and note that they are not yet recruited/identified</i>	
Health professional name(s):	
Specialty / discipline:	
Where will the provider travel <i>from</i> to deliver this service (i.e. provider's base location)?	
Location of outreach service	
Town:	



health
professional
solutions

Facility where this service will occur (e.g. Aboriginal health service, community health service, GP practice, private / public consulting room)			
Facility type:			
Facility name:			
Facility address:			
Facility contact person and contact details:	Name: Phone: Email:		
Will the service provider be seeing public patients at this location?	Yes	No	N/A
Will the service provider be seeing private patients at this location?	Yes	No	N/A
Comments:			
Service Description		Yes	No
Type of Service:	Consultation		
	Upskilling local health professionals		
	Telemedicine		
	Combination (please specify):		
Number of visits in 2017–18: <i>Number of occasions that the health provider / team will visit each town listed. This is not indicative of days per visit. One visit could take multiple days. Please use your 2015- 16 allocation as a guide.</i>	To commence 1 st October, 2017		
	<i>Frequently of visits for service:</i>		
	Weekly	Fortnightly	
	Monthly	Other	



health
professional
solutions

Number of intended sessions and patients per outreach visit <i>(1 session = 3.5 – 4 hours)</i>	Consultation sessions:	Procedural sessions:
	Consultation patients (est.):	Procedural patients (est.):

3. VISIT DETAILS			
Travel type <i>How will the provider travel to the outreach location?</i>	Car	Commercial flight	Charter flight
	Hire car	Taxi	Other
	Further details (as required):		
Visit length <i>How long will the provider stay in the outreach location each visit?</i>	Number of <u>days</u> spent in the outreach location per visit:		Number of <u>nights</u> for which accommodation is required per outreach visit:
Upskilling during outreach visit	Is upskilling provided? Yes No	Type of upskilling:	Number of hours spent upskilling per outreach visit:
Professional support provided <i>(between outreach visits)</i>	Type of professional support:		Number of hours spent on professional support between outreach visit:
Room hire / facility fee paid to deliver this service:	Yes	No	Amount per day: \$
Comments:			



health
professional
solutions

4. ACCESSIBILITY			
Will you bulk-bill for this service? <i>Outreach providers are strongly encouraged to bulk-bill Aboriginal and Torres Strait Islander patients and healthcare card holders.</i>	Fully	Partly <i>(some patients)</i>	Not at all
Comments:			
Are you receiving funds for this service from another source?			
No	Yes – please provide details:		

5. QUALIFICATIONS AND DECLARATIONS <i>(Evidence must accompany this application)</i>	
	Professional registration
	Professional indemnity
	Working with Children’s check (where applicable)

6. WHAT IS THE COMMUNITY NEED FOR THIS SERVICE? <i>Describe the evidence of need for proposed service, e.g. distance to alternative service location, current waiting time, demographic and geographic considerations</i>	
Specify community linkages involved with visits (if any):	
Student involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
University involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal and Torres Strait Islander Health Worker involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other involvement (please specify):	