



Australian Government

Department of Families, Housing,  
Community Services and Indigenous Affairs

## SERVICES AND SUPPORT FOR PEOPLE WITH DISABILITY BETTER START FOR CHILDREN WITH DISABILITY INITIATIVE SERVICE PROVIDER PANEL APPLICATION FORM GUIDE

This document is to assist you to complete your application to join the Better Start for Children with Disability Early Intervention Service Provider Panel.

Please note, you can submit your application at any time during the selection process. Applications will be assessed as soon as possible after receipt.

Please note that if your answers are not completed for Questions 1 to Question 17 you will not be able to submit your application.

### Part 1 Applicant Details

- Q1** Please choose only ONE option from the list.  
An organisation that is not a legal entity is NOT eligible to apply.
- FaHCSIA will **only** enter into Funding Agreements with legal entities.
- Q2** This is the name of your organisation that appears on all official documents and legal papers. It may be different to your trading name.
- Q3** This is the name your business/organisation trades or provides services under for commercial purposes. It may be different from your legal name.
- Q4** This is the registered business address of your organisation.
- Q5** Please provide address details for the delivery of mail. This may be different from your actual street address.
- Q6a** Please provide contact details of one officer who has been authorised by your organisation to be contacted by FaHCSIA to answer any questions in relation to the application.
- Q6b** Please provide contact details for an additional officer who has been authorised by your organisation to be contacted by FaHCSIA to answer any questions in relation to the application should the preferred contact not be available.
- Q7** Please indicate if you are currently a panel member of the Helping Children with Autism (HCWA) Package.

**Q8** (a) the legal entity - Only choose this option if you have entered into a deed of agreement with FaHCSIA to provide services under the HCWA package.

(b) sub-contractor/consortium member - Only choose this option if you have entered into an agreement with a provider/organisation that is a member of the HCWA Early Intervention Provider Panel.

**Part 2 Financial Details**

**Q9** Please ensure the ABN matches the applicant's legal name at Q2.

An Australian Business Number, or ABN, is a unique identifier issued by the Australian Taxation office (ATO) that is used by business entities. For further information about ABN, please contact the Australian Taxation Office.

**Q10** For further information about GST please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

**Q11** Bank Account details must be for the applicant listed at Q2. FaHCSIA will not make payments to a third party.

FaHCSIA is unable to fund your organisation if you do not provide bank account details.

**PART 3 Service Delivery Details**

**Q12** If you are planning to provide services as part of a consortium, please ensure you meet the eligibility requirements as outlined in the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

**Q13a** For further information about consortium arrangements, please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

The example below may assist you to complete the table in the application form.

Please ensure you include specific services and interventions under each domain in the “Type of Intervention Offered” column. We have provided an example to assist.

Organisation Legal Name	Organisation Trading Name	ABN Number	Entity Type	Head Office Street Address	Outlet Physical Address	Telephone Number	Type of Intervention Offered
For example: ABC Speech Pathology	For example: ABC Speech Pathology North Sydney	For example: 123123	For example: Sole provider	For example: 2 Balmain Road, North Sydney NSW 2000	For example: 2 Balmain Road, North Sydney 2000	For example: 02 6000 1000	For example: Language & Communication Development • Speech pathology • Early Braille preparation • Auditory-verbal therapy

**Q13 b** If you have answered “No” please provide details of policies, procedures or other mechanism your organisation has in place to monitor consortium arrangements, including ensuring compliance with agreed arrangements.

As part of sound business practices, organisations with which FaHCSIA will enter into a funding agreement are expected to have mechanisms in place to provide oversight and accountability within their organisation.

**Q14** Please indicate if you plan to sub-contract any services.

**Q15a** A subcontractor is an individual or a business that will or has signed a contract to perform part or all of the obligations of the applicant’s contract.

For further information about sub-contracting arrangements, please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

Please ensure you include the specific interventions and services under each domain in the “Type of Intervention Offered” column. See the example provided above against Q 13a.

**Q15b** If you have answered “No” please provide details of policies, procedures or other mechanism your organisation has in place to monitor contractual arrangements, including ensuring compliance with agreed arrangements.

As part of sound business practices, organisations with which FaHCSIA will enter into a funding agreement are expected to have mechanisms in place to provide oversight and accountability within their organisation.

For further information, please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

**Q16** Please provide details of any form of litigation or enquiry during the past three years, current or pending.

**Q17** Please ensure that you tick all relevant boxes.

## **Part 4 Responses to Determine Eligibility to Join the Better Start for Children with Disability Initiative Early Intervention Service Provider Panel.**

### **Criterion 1**

#### **Part A**

Please include in your response:

- a description of services delivered, including the clients served;
- the period over which the services have been provided;
- evidence of outcomes achieved;
- networks and linkages and how these are utilised to meet client needs.

The above dot points should be used to help guide your responses. You should add further information if applicable, within the word/character limit, which will assist your application.

#### **Part B**

Please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines for:

- the list of intervention domains under which you will need to list the specific services and interventions you propose to deliver.
- Information about services and interventions that are considered in and out-of-scope.

The final list of services and/or interventions to be delivered by a service provider will be approved by FaHCSIA and delivered by the applicant as agreed upon in the funding agreement negotiation.

Where appropriate, interventions that are specific to particular disability type should be listed.

For example, your responses could be structured in the following way:

#### **Sight impairment**

Self-care

- (intervention)
- (intervention)
- (intervention)

Self regulation

- (intervention)
- (intervention)
- (intervention)

#### **Hearing Impairment**

Language acquisition

- (intervention)
- (intervention)
- (intervention)

### **Criterion 2**

Your responses to Criterion 2 are an opportunity to provide more details about your achievements and successes in providing early interventions to children with disability.

Please include in your response:

- evidence about the link between the interventions you provide and the expected outcomes;
- how you work with children, families and other providers to achieve expected outcomes; and
- where possible provide examples.

For further information, please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

**Criterion 3 (a)**

The information in the table below may assist you to complete the table in the application form.

Intervention Type/s	Provider and Delivery Location	Name and Description of Intervention/Service	Cost
<p>Please refer to Better Start Early Intervention Service Provider Panel Operational Guidelines for further information on the intervention domains.</p> <p>EXAMPLE Physical/sensory/psychomotor development</p> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physiotherapy</li> <li>• Conductive education</li> </ul>	<p>Please provide the trading name of the organisation and the location where the service will be delivered.</p>	<p>Please provide the names of specific interventions, services or programs.</p> <p>If the intervention, service or program has a specific name please provide a short description e.g.</p> <p>“ABC Program” Occupational therapy to improve sensory processing, functional fine motor skills, visual perception and motor skills.</p>	<p>Please ensure you provide the cost per hour of service.</p> <p>If you deliver services as “sessions” or over a period of time such as a term, you can indicate this, but you must provide total number of hours in the session or term.</p>

**Criterion 3 (b)**

Please provide details of how you monitor and assess a treatment plan at the pre- post- and interim phases of care. Please include information of how you would take into account other early intervention services that a child may be receiving. Where appropriate, please provide examples.

**Criterion 4**

The staffing profile must include all early intervention workers, including consortium members and sub-contractors (if applicable), who will be delivering early intervention services to eligible children.

Information about eligibility requirements for membership of the Early Intervention Service Provider Panel is included in the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines. You are strongly advised to read the relevant sections.

Applicants must demonstrate that they provide eligible interventions and that these interventions are delivered by qualified and experienced early intervention specialists. You must meet these requirements to be a member of the panel.

**Criterion 5**

Please include in your response, where appropriate:

- a description of the strategies that you are using or plan to use to engage with the identified client groups;
- any relevant links that you have with other service providers and the service system; and
- use of innovative technology to deliver services.

For further information, please refer to the Better Start for Children with Disability Early Intervention Service Provider Panel Operational Guidelines.

The above dot points are provided to assist you to develop your responses. They are suggestions only and you should add further information, within the word/character limit, that will assist your application.

### **Referee Details**

#### **Written referee report**

Please copy and paste ONE written reference (of no more than 350 words) into the text box provided.

The written referee report must be from one of your nominated referees.

The system is not capable of accepting scanned copies of the written referee report.