| **Request Number** | RFT2023-01 | **Request title** | Office-based & online videocall face-to-face delivered psychological   treatment in the Perth Metropolitan Area |
| --- | --- | --- | --- |
| **Respondent Business Details** |
| **Name of legal entity:** |  |
| **Trading name:** |  |
| **Registered address or address of principal place of business:** |  |
| **ACN:** |  | **ABN:** |  |
| **Contact Details** **for Submission:** | **Name :****Position :****Phone :****Email :** |  |
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| **Declaration** |
| The Respondent declares that it has the necessary skills, knowledge and experience to comply with the requirements of this document and that it has fully informed itself of all facts and conditions relating to this process.The person signing this declaration purports that it is authorised to make this Submission on behalf of the Respondent and has read, understood and accepts the Conditions of Request and that all information provided in this Submission is to the best of their knowledge true and correct. |
| -------------------------------------------------------------- | ------------------------------  |
| Signed | Dated  |
| Name: |  | Position:  |  |
| **1.0** | **Pre-qualification** |
| 1.1 | Agreement terms and conditionsDoes the Respondent agree to comply with the terms of the Agreement attached if an Agreement were to be entered into with WAPHA?*If No, the Respondent must complete the Non-Conformance Schedule and set out: the extent of non-compliance; including the alternative clauses or provisions, if any, or a description of any changes it proposes to the Service Agreement; and the reason for non-compliance.* | [ ]  Yes[ ]  No |
| 1.2 | InsurancesDoes the Respondent have the required insurances specified in the Agreement? If yes complete insurances table below. | [ ]  Yes[ ]  No |
| Public Indemnity (Not less than $20MM) |
| Insurer : |  | Policy Number : |  |
| Amount : | $ | Expiry Date : |  |
| Professional Indemnity (Not less than $10MM) |
| Insurer : |  | Policy Number : |  |
| Amount : | $ | Expiry Date : |  |
| Professional Indemnity for Clinician (Not less than $10MM)  |
| Insurer : |  | Policy Number : |  |
| Amount : | $ | Expiry Date : |  |
| 1.3 | InsurancesIf no to 1.2, does the Respondent confirm that that the required insurances will be obtained prior to the commencement of Services relevant to this Request? | [ ]  Yes[ ]  No |
| **2.0** | **Disclosure and Compliance** |
| 2.1 | Organisation Type a.Is the Respondent a not-for-profit entity?For the purposes of this Request, the Respondent is a "not-for-profit entity" if it meets the requirements of the Australian Taxation Office to be treated as a “not-for-profit-organisation”. | [ ]  Yes[ ]  No |
| 2.2 | Organisation Type b.If yes to 2.1 is the Respondent registered with the Australian Charities and Not-for-profits Commission’s (ACNC) Register?If NO, *what evidence is available that the organisation*  *it meets the requirements of the Australian Taxation Office to be treated as a “not-for-profit-organisation”.* | [ ]  Yes[ ]  No |
|  |
| 2.3 | Financial Information a.Is the Respondent’s financial information available via the Australian Charities and Not-for-profits Commission’s (ACNC) Register, and does the Respondent agree that WAPHA can use this information in lieu of the Respondent providing it as part of its Submission? Respondents are responsible for ensuring that the information available via the ACNC Register is correct and that no material changes to the information have occurred since it was reported to the ACNC**.** | [ ]  Yes[ ]  No |
| 2.4 | Financial Information b.If no to the above the Respondent has attached audited annual financial statements for the most recent two financial years including profit and loss statements for each year, balance sheets as at the end of each year and a statement of cash flows for each year? If No, please provide an explanation below. | [ ]  Yes[ ]  No |
|  |
| 2.5 | Nature of RespondentIs the Respondent acting as an agent or trustee for another person or persons, or is it acting jointly or in association with another person/s (in a consortium), or does it intend to do so in connection with the performance of the Services relevant to this Request?If Yes, please provide details including if relevant a description of the proposed legal structure and relationships. | [ ]  Yes[ ]  No |
|  |
| 2.6 | Sub-contractingDoes the Respondent intend to engage Sub-Contractors in connection with the performance of the Services relevant to this Request?If Yes, provide for each sub-contractor all relevant details including as appropriate, Company name, ABN/ACN, Contact Person and details, proof of relevant accreditations for each sub-contractor and services that will be provided. | [ ]  Yes[ ]  No |
|  |
| 2.7 | Existing MaterialDoes the Respondent nominate any information as Existing Material in relation to Clause 9. Intellectual Property Rights of the Agreement? If Yes, provide detail below. | [ ]  Yes[ ]  No |
|  |
| 2.8 | Criminal offencesHas the Respondent; or any Director or other Officer of the Respondent; or any Specified Personnel or nominated Sub-Contractors been convicted of a criminal offence that is punishable by imprisonment or detention? The Respondent is not required to disclose convictions that are spent convictions under the Spent Convictions Act 1998 (WA) or equivalent legislation of another State or Territory of Australia. If Yes, insert details below. | [ ]  Yes[ ]  No |
|  |
| 2.9 | Legal actionsHas the Respondent previously had any legal actions taken against it or does it currently have any legal actions outstanding? If yes insert details below. | [ ]  Yes[ ]  No |
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| 2.10 | Conflicts of interestAre there any circumstances, arrangements or understandings which constitute, or may reasonably be perceived to constitute, an actual or potential conflict of interest with either the Respondent’s obligations under this Request or in connection with the performance of the Services relevant to this Request by the Respondent? If Yes, provide detail below. | [ ]  Yes[ ]  No |
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| 2.11 | Accreditation - National Mental Health and Suicide Prevention Minimum StandardIs the Respondent accredited against one of the below Standards:National Safety and Quality Health Service (NSQHS) Standards; or National Standards for Mental Health Services 2010Re-accreditation is required to occur every three (3) years thereafter, before the accreditation expiry date | [ ]  Yes[ ]  No |
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| **3.0** | **Qualitative** |
| 3.1 | **Organisational skills, experience and capacity to deliver this type of service (30%)** The Submission will be assessed on the degree to which it can: 1. demonstrate the organisation has effective and efficient organisational capacity to deliver the specified outcomes and remain compliant with the Service Agreement.
2. demonstrate the organisation and staffing arrangements have the skills, capacity and experience to deliver the provide the offered services.
3. describe how the organisation ensures staff will maintain relevant skills and experience with regard to the delivery of services.

Respondent must address all sections:1. Similar Services: A detailed description of the services provided; similarities between relevant contracts and this Tender; when the contracts were performed; and the outcomes of the contracts;
2. Key personnel skills and experience: The Respondent must provide details on the management and staffing structure including the minimum qualifications and experience of all key personnel. This will include but not be limited to the ability to deliver a culturally competent service through skilled and appropriate employees.

The Respondent must provide details of the arrangements in place to ensure staff are appropriately managed; and policies and procedures are in place to ensure regular appropriate supervision and training.1. Organisational Skills: provide information regarding organisational skills to perform the requirements set out in the proposed Service Agreement.
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| 3.2 | **SERVICE METHODOLOGY (40 %)** The Respondent will be assessed on the degree to which the proposed service methodology will facilitate the delivery of the services to be undertaken in the draft Activity Schedule. The Respondent must detail the methodology that will be used to achieve the Activity Requirement as detailed in the draft Activity Schedule including:1. understanding of the individuals journey pathway;
2. Method of developing and delivering a culturally responsive service;
3. Demonstrated strategies for engagement and access with priority target group including: the sub-priority cohorts; people experiencing socio-economic disadvantage, Aboriginal people, LGBTIQ+ and culturally and linguistically diverse populations
4. locations from which Services will be delivered from. Please see Section 5.0 Proposed Locations below to identify the location area. Further information on the actual office site is to be provided in this criteria.
5. the proposed management and staffing structure including detailing employed and sub-contracted positions;
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| 3.3 | **ORGANISATIONAL CAPACITY (30%)**The Respondent will be assessed on the degree to which it has the organisational planning and resourcing capability to support and perform the proposed Service Agreement.Provide an overview of your capacity to deliver the Services in draft Activity Schedule detailing:1. organisational planning and resourcing capability; 2. key clinical and operations policies, procedures and guidelines in place to ensure a relevant and high quality service is provided and the ability to develop and maintain these specific to the Services;3. an implementation plan with timeframes for operation by 1 July 2023 and major milestones;4. the key risks that may impact on service delivery and provide explanation of how these risks will be mitigated and/or manage;5. evidence of governance arrangements and accountability practices. |
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| 4.0  | **Price per session**  |
| Price per session (60 mins) by Allied Mental Health Professional – Non-Public Holiday

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| --- | --- | --- | --- |
| FY | Description | Amount Ex GST | Amount Inc GST |
| 2023-2024 | Per person, per session (60 mins) by Allied Mental Health Professional | $ Please enter amount | $ Please enter amount |
| 2024-2025 | Per person, per session (60 mins) by Allied Mental Health Professional | $ Please enter amount | $ Please enter amount |

Price per session (60 mins) by Allied Mental Health Professional – Public Holiday

|  |  |  |  |
| --- | --- | --- | --- |
| FY | Description | Amount Ex GST | Amount Inc GST |
| 2023-2024 | Per person, per session (60 mins) by Allied Mental Health Professional | $ Please enter amount | $ Please enter amount |
| 2024-2025 | Per person, per session (60 mins) by Allied Mental Health Professional | $ Please enter amount | $ Please enter amount |

Please attach to this submission your Cancellation/Did Not Attend (DNA) Policy and provide DNA / Cancellation Fee below.

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| --- | --- | --- | --- |
| FY | Description | Amount Ex GST | Amount Inc GST |
| 2023-2024 | DNA/Cancellation Fee | $ Please enter amount | $ Please enter amount |
| 2024-2025 | DNA/Cancellation Fee | $ Please enter amount | $ Please enter amount |

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| **5.0** | **Proposed Locations** |
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| Perth North | Choose an item. |
| City of Swan |
| Perth South | Choose an item. |
| Choose an item. |

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| **Attachments** |
| The Respondent is to list below any attachments that form part of its submission. The Respondent is not to attach generic or voluminous marketing materials. Each Attachment is to be named as listed below and up-loaded as a separate Attachment. |
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