

APNA Building Nurse Capacity Program 2023 -2026 Expression of Interest Questions

Contact Details

- Name of person completing this EOI *
- My role in the nurse clinic will be: (Clinic Lead Nurse, Key Contact Person, Project Support Person Other)*
- I am the primary contact person for this Expression of Interest / I am the primary contact person for this Expression of Interest
- Mobile phone number *
- Work Phone Number
- Email (best email contact) *
- Email (additional)
- Lead Nurse name (if different from the person completing this EOI)
- Lead Nurse AHPRA Registration Number *
- Lead Nurse Registration Type *
- Lead Nurse Year of Birth *
- Is the Lead Nurse of Aboriginal or Torres Strait Islander origin? *
- Principal contact person (if different from the person completing this EOI)
- Principal contact person phone (if different from the person completing this EOI)
- Principal contact person email (if different from the person completing this EOI)
- Project support person (if applicable)

Membership and Other Details

- Is your organisation or the Lead Nurse an APNA member? * *Note: you don't need to be an APNA member to be part of the project*
- How did you hear about the Building Nurse Capacity project? *
- Has the organisation or the lead nurse participated in any previous APNA nurse clinic projects? *
- Organisation Name *
- Organisation Website
- Organisation Address *
- Please indicate type of primary healthcare organisation? *
- Which Primary Health Network (PHN) catchment is the organisation located in? *
Western Sydney Western Victoria Wide Bay
- Is the organisation registered for GST? *
- Is the organisation a viable legal entity? *
- Type of legal entity
- Organisation ABN
- Is the organisation accredited? *
- Accrediting organisation
- Software packages currently in use (*Clinical software, audit tools etc*)
- Provide a summary of the type of work the organisation usually performs

About your nurse clinic

- Title of proposed service / nurse clinic *
- Please select the relevant Building Nurse Capacity priority health area that your nurse-delivered (team-based) model will address. *
 - Cardiovascular health
 - Diabetes mellitus
 - Cancer control (screening and prevention focus)
 - Mental Health
 - Injury prevention (frailty and healthy ageing focus)

Please select the MAIN health priority area for your clinic, even though other health areas may be addressed in your model of care e.g. a diabetes clinic may also consider CVD risk, but the main priority area is diabetes.

- Service / Nurse clinic summary
Provide a brief summary of the service your clinic will provide. Please ensure your nurse clinic idea aligns with one of the five priority health areas above. Max 300 words
- How will your proposed nurse-delivered (team based) model optimise the scope of practice of the lead nurse and build capacity of the team to deliver efficient and effective clinical care?
max. 200 words
- Discuss any external stakeholders you will engage in your project e.g., subject matter experts, peak bodies, Primary Health Networks (PHNs)
Max 150 words. Letters of support from external parties demonstrating their involvement and commitment will enhance your application. These can be uploaded at the end of this application.
- Provide a brief description of how the proposed model will have the capacity for financial sustainability through existing funding streams following completion of participation in the BNC project
e.g., maximise MBS, increased patient throughput, innovative billing practices, other. max 150 words
- Describe how the services provided by the nurse-delivered (team based) model will integrate with the wider service system.
max 200 words e.g., Referral pathways, My Health Record

Population Health Need

- What is the local population health need, or gap that your project will address?
max 150 words
- Briefly discuss how the proposed nurse-delivered (team based) model will meet the identified population health need
max 200 words
- Please provide the evidence-base and any supporting guidelines that you will apply, to support the development of the nurse-delivered (team based) model
max. 200 words
- What is the demand for this model in your local area and do you have access to the target population in order to ensure your clinic will be sustainable?
max. 150 words.

Organisational Capacity

- Describe your organisation's capacity to set up and support a nurse-delivered (team based) model of care
max 250 words
- Please describe the experience, clinical expertise and qualifications of the lead nurse undertaking the project.
- Describe your organisation's digital capacity and experience with digital solutions. Please provide examples.
max 150 words

Governance

- Describe your organisation's experience in managing grants/projects
e.g. managing project budgets and meeting project deliverables. max. 150 words
- Please describe the proposed governance arrangements that will be available to support your project
e.g., regular multi-disciplinary team meetings, reporting processes within the organisation. max. 150 words

Supporting Documentation

- Signed Declaration form - [available here](#)
- Evidence of current public liability insurance
- Evidence of current medical indemnity insurance
- Letters of support (optional)