**Family Domestic Sexual Violence and Child Sexual Abuse (FDSV) Training and Link Worker Support Program**

**EOI Application Form**

This application form is to register your Expression of Interest (EOI) to participate in the Family, Domestic, Sexual Violence and Child Sexual Abuse Training and Link Worker Support Program.

Capital Health Network (CHN), ACT’s Primary Health Network (PHN), through funding from the Department of Health and Aged Care (DoHAC), is offering a **one-off financial incentive of $5000** to **eligible general practices in the ACT region** to participate in tailored, RACGP-accredited, whole-of-practice FDSV training, and to receive FDSV advice and referral support from Domestic and Family Violence (DFV) Link Worker, Sexual Violence (SV) Link Worker, and Child Sexual Abuse (CSA) Link Worker.

As part of this Expression of Interest (EOI), applicants are required to read and understand the [EOI Information Sheet](https://www.chnact.org.au/wp-content/uploads/2024/11/CHN-FDSV-Program_EOI-Information-Sheet.pdf) on our CHN Tenders/Grant webpage.

This form will only require **10 minutes** of your time. Applicants must not assume their application will be successful before receiving formal notification of the outcome of their application and confirmation from CHN.

By completing this application form, you are consenting to CHN collecting your personal and organisational information in order to review your EOI application for the program. The information provided will be used to review your EOI, contact you about the program, and for reporting purposes. If your application is successful, the information provided in this form will be used to initiate a **grant agreement** for your organisation.

Your personal and organisational information will also be used to arrange meetings and organise training. You will be invited to complete an evaluation as required by CHN and DoHAC commissioned external evaluator. Your information will also be disclosed to the FDSV Link Workers from local specialist organisations (Domestic Violence Crisis Service and Canberra Rape Crisis Centre) commissioned by CHN.

You can request access to your organisational information, withdraw or update your details anytime. If you require further information or have any concerns, please contact CHN’s Family Safety Team on familysafety@chnact.org.au.

**START**

**General Practice Details:**

1. Name of practice:
2. Address of practice:
3. Postal address (if different from above):
4. Contact email address:
5. Telephone number:
6. Full legal business name of the grantee (registered with ABN):
7. Trading name:
8. Australian Business Number (ABN):
9. Australian Company Number (ACN):
10. Are you registered for Goods and Services Tax (GST)?

[ ] Yes

[ ] No

1. If yes to question 10, please provide date from which GST registration was effective:
2. Legal entity type (e.g. individual, incorporated association, company, partnership, etc)

**Nominated key contact for grant communications** \*Important that you have the delegated authority and responsibility to complete this form on behalf of the practice

1. Key contact name:
2. Position:
3. Business hours telephone number:
4. Preferred email address:

**Bank Details:**

*Account where the grant money is to be paid to.*

*Grantee agrees to verify bank details via eftsure, to enable CHN to confirm Grantee bank details before processing payments. If Grantee does not verify details, payments cannot be made.*

*Grantee must ensure that the Grant is held in an account in the Grantee’s (i.e. practice) name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.*

1. Name of the bank, building society or credit union:
2. Account name:
3. Branch Number (BSB):
4. Account number:

**Getting to know your practice:**

1. Number of GPs? \* Total number of GPs currently working at your practice (The value **must be a number** and **not FTE**)
2. Number of Nurses? \* Total number of Nurses currently employed by your Practice (The value **must be a number** and **not FTE**)
3. Nurses at your practice are: \* Select a professional mix that best represents the nursing staff currently at your practice:

[ ] Nurse Practitioner/s

[ ] Registered Nurse/s

[ ] Enrolled Nurse/s

[ ] Student Nurse

1. Number of Allied Health Staff? \* Total number of Allied Health Staff currently employed at your Practice (The value **must be a number** and **not FTE**)
2. Allied Health Professionals at your practice: \* Select a professional mix that best represents the Allied Health staff currently at your practice:

[ ] Physiotherapist/s

[ ] Psychologist/s

[ ] Occupational Therapist/s

[ ] Dietitian/s

[ ] Podiatrist/s

[ ] Diabetes Educator/s

[ ] Speech Pathologist/s

[ ] Exercise Physiologist/s

[ ] Alcohol & Drug Counsellor/s

[ ] None of the above are employees at our practice

[ ] Other

1. Number of administrative staff? \* Total number of administration staff currently employed at your Practice (The value must be a number)
2. Number of managers? \* Total number of managers currently employed at your Practice (The value must be a number)
3. List any other staff, not captured in previous answers (please specify)

**Assessment:**

1. What are the 5 main reasons your practice is interested in participating in the FDSV Training and Link Worker Support Program? (Please select your top 5 reasons from the options listed below).

[ ] Understanding legal responsibilities when supporting patients experiencing FDSV

[ ] Understanding mandatory reporting requirements

[ ] Observing an increase in the prevalence of FDSV cases within our practice

[ ] Awareness of research indicating that patients experiencing FDSV are likely to have poorer health outcomes

[ ] Enhancing our practice's ability to offer compassionate and effective support to patients

[ ] Improving our referral process to better connect patients with specialised FDSV services

[ ] Strengthening our practice's overall approach to patient safety and well-being

[ ] Commitment to ongoing professional development and meeting CPD requirements through relevant training

[ ] Desire to play a more proactive role in the community's response to FDSV

[ ] Recognising the need for more resources and support for our staff to handle FDSV cases effectively

[ ] To build a more inclusive and supportive environment for patients disclosing FDSV

[ ] Lack of existing policies or procedures for addressing FDSV effectively within our practice

[ ] Not currently aware of the legislative requirements and I need to know more, and how it is relevant to my practice

1. Is your practice committed to empowering and building whole-of-practice confidence, knowledge, and tools to support patients impacted by FDSV, with a success measure of achieving minimum 60% whole-of-practice staff attendance across the 3 foundational training sessions?

[ ] Yes

[ ] No

1. Is your practice committed to engaging with CHN's Family Safety Team, and the 3 specialist Link Workers (DFV, SV, and CSA) to master respectful, sensitive inquiry strategies, provide effective support responses, and streamlined referral pathways for victim-survivors of FDSV?

[ ] Yes

[ ] No

**Closing**

Thank you for your application.

This initiative represents a significant opportunity for growth and development in supporting patients experiencing Family, Domestic, and Sexual Violence, including Child Sexual Abuse in our region. Should any questions arise, or assistance be needed throughout this application process, do not hesitate to reach out to Dr Suman Shetty, CHN Family Safety Program Manager at familysafety@chnact.org.au.

We will be in touch to advise you of the outcome of your application.

Sincerely,

Family Safety Team, Capital Health Network