Expression of interest

Joining an existing consortium for the

Helping Children with Autism Early Intervention Panel and / or

Better Start Early Intervention Service Provider Panel

In order to be added to an existing consortium, you must arrange a Memorandum of Understanding (MoU)/contract with the lead agency, and FaHCSIA must send a Notice of Change to the lead agency. This Expression of Interest covers the information which we need for the Notice of Change.

You will need to meet the eligibility requirements of each panel as outlined in their Operational Guidelines. You will not be required to submit a separate application for membership of the panel.

Before you can deliver services, you must provide a fee schedule for each panel that you wish to join. The fee schedule will appear on our website so that families can locate you.

Note that Better Start and HCWA each have their own fee schedule template. If you are joining both panels, you will need to complete both templates.

The HCWA template is available here: <http://www.fahcsia.gov.au/sa/disability/funding/earlyintervention/Pages/default_test.aspx>. The Better Start template can be requested from the [Better.Start@fahcsia.gov.au](mailto:Better.Start@fahcsia.gov.au) inbox.

The lead agency will need to provide FaHCSIA with:

* This Expression of Interest
* Your fee schedule(s)

You must have a Memorandum of Understanding (MoU) or contract in place with the lead agency. If you are requesting to join the HCWA panel you will need to supply a copy of your MoU. For the Better Start panel you will need to have a MoU in place which FaHCSIA can be request a copy of within seven days.

As long as you meet our requirements, we will then create a Notice of Change which completes the process.

***Please Note:*** *Claims for payment are submitted through FaHCSIA’s financial system, FOFMS. Your lead agency will advise if they will process payments for you or if you will need your own access.*

**Once you have completed the information below, please save this document and email it to your lead agency, who will forward it to us along with your fee schedule.**

Contact [ASD.Support@fahcsia.gov.au](mailto:ASD.Support@fahcsia.gov.au) or [Better.Start@fahcsia.gov.au](mailto:Better.Start@fahcsia.gov.au) if you have any questions about the process or requirements.

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| **Which program are you applying to be part of?** (click the box that applies)  *Please note that your lead agency must approved for the program you wish to join.*  **HCWA  BSI  Both** | |
| **Contact Name** |  |
| **Legal Name of Service Provider**  (as listed on your ABN) |  |
| **Trading Name of Service Provider if applicable**  (as listed on your ABN) |  |
| **ABN** |  |
| **Allied Health Profession** (e.g. speech pathologist, occupational therapist, child psychologist).  *Please also include details on your* ***membership*** *of the appropriate professional board as per section 3.1 of the Better Start* [*Operational Guidelines*](http://www.fahcsia.gov.au/sa/disability/progserv/people/betterstart/Pages/better_start_operational_guidelines.aspx)*.* |  |
| **Experience**  Please provide information about your organisation’s experience in delivering early intervention services to children with disabilities eligible under Better Start and/or Helping Children with Autism.  (Use as much space as required) |  |
| **Service Delivery location(s)** | **No and Street Name:** |
| **Suburb/Town:** |
| **State:** |
| **Postcode:** |
|  |
| **No and Street Name:** |
| **Suburb/Town:** |
| **State:** |
| **Postcode:** |
| **Contact number** | **Work:** |
| **Mobile:** |
| **Email address** |  |