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## **Uralla Shire Council Expression of Interest (EOI)**

### **Local Contractor Panel – Allied Health Services**

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### 1. Introduction

We wish to express our interest in joining Council’s Contractor Panel for Allied Health Services. Our organisation is committed to delivering safe, reliable and high-quality care that supports the wellbeing, independence and dignity of Uralla Shire Council clients receiving in-home and community-based aged care services.

We acknowledge that submission of an Expression of Interest does not guarantee engagement or allocation of work. Council may engage suppliers at its discretion based on operational priorities, value for money, availability and compliance requirements. Inclusion on the panel provides a streamlined method of engagement for future services.

We agree to comply with Council’s Statement of Business Ethics, WHS obligations, privacy and confidentiality responsibilities, relevant legislation, and all applicable accreditation or licensing requirements.

### 2. Business Details

Business Name:	
ABN:	
Contact Person:	
Position / Title:	
Phone:	
Email:	
Business Address:	
Coverage Area:	
Years in Operation:	
Number of Employees / Practitioners:	
Professional Registrations / Accreditation Bodies:	
Website / Social Media (optional):	

### 3. Services Offered

**(Select all that apply)**

- Physiotherapy
- Occupational Therapy
- Podiatry
- Dietetics / Nutrition
- Exercise Physiology
- Speech Pathology
- Psychology
- Counselling / Psychotherapy
- Social Work
- Music Therapy

- Allied Health Assistant Services
- Aboriginal and Torres Strait Islander Health Worker / Practitioner
- Nursing Services (RN / EN / AIN)
- Other allied health services (describe):

**4. Pricing Schedule (ex GST)**

Please complete pricing consistent with the Support at Home Program guidance. Travel costs should be included in the direct activity price.

**Standard Hours (Mon–Fri, 8am–6pm)**

Hourly Rate:	\$
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**Non-Standard Hours**

Saturday:	\$
Sunday:	\$
Public Holidays:	\$

**Additional (if relevant)**

Report Writing / Documentation Fee (if separate):	\$
Cancellation Fee (where applicable):	\$
Other Charges / Notes:	

**5. Compliance Requirements**

<b>REQUIREMENT</b>	<b>ATTACHED / RESPONSE</b>
Public Liability Insurance (min. \$20M)	<input type="checkbox"/> Yes <input type="checkbox"/> No – Expiry
Workers Compensation Insurance or Personal Accident Insurance (if sole trader)	<input type="checkbox"/> Yes <input type="checkbox"/> Sole Trader
Police Checks (within last 3 years for all staff)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practitioner Registrations (AHPRA / relevant boards)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not listed on Aged Care Quality & Safety Commission Register (banning orders)	<input type="checkbox"/> Confirmed
Not listed on NDIS Quality & Safeguards Commission Enforcement Register	<input type="checkbox"/> Confirmed
NDIS Worker Check (optional unless delivering NDIS services)	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHS Safety Management System / SWMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractors used	<input type="checkbox"/> No <input type="checkbox"/> Yes – Provide Details

Vaccination Policy (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**6. Equipment & Capability**

*(List key resources, qualifications and capabilities relevant to providing allied health services.)*

Example inclusions:

- Clinical equipment used
- Technology used for assessments / telehealth
- Mobile equipment used for in-home services
- Administrative capability
- Cultural capability and trauma-informed practice training
- Description of Quality Management approach

**7. Referees**

Organisation:	
Contact Name & Phone:	
Description of Services Provided:	

**8. Supporting Documentation**

- Certificate of Public Liability Insurance
- Workers Compensation / Personal Accident Insurance
- Police Checks
- Professional Registrations / Qualifications
- WHS documentation
- Proof of ABN Registration
- Additional relevant documents:

**9. Declaration**

I declare that the information provided is true and correct, and I agree to comply with Council’s contract, service delivery and procurement requirements. I acknowledge that inclusion on the panel does not guarantee engagement.

Signed:

Name:

Position:

Date: