

Registration Form Contents and Instructions

For your reference only. All registration forms are to be submitted online.

Please note:

- *If you are completing the Registration Form for the first time, the registration form MUST be completed in one sitting. The form cannot be partially saved. Once submitted, the form can be updated.*
- *If you have completed the form before, you will be able to update previous information and submit the form.*

Instructions: How to complete the Registration Form

Step 1: To access the Registration Form you will require:

- 1) login details to CheckUP's online reporting system, and
- 2) a unique link to your Registration Form.

Not an existing OMS Reporting System user? Please email

contracts@checkup.org.au with your Name, Email address and Organisation/
Business name (as per your ABN). Login details will be sent to you.

Step 2: Prior to commencing the survey, we highly recommend you review the supporting documentation provided, as outlined below.

As you navigate through the Registration Form, you will be required to provide contact details and details of contractual documentation (such as insurance expiry dates etc.). Please review the supporting documentation to ensure you have the required documentation available.

Step 3: Please click on your unique link, complete the Registration Form and submit.

Step 4: Once the Registration Form has been completed and copies of the documents listed on the [Contractual Requirements checklist](#) have been provided, the Funding Schedule will be issued.

Funding Schedules will only be issued when these requirements have been met.

Please note:

- The registration form is for your organisation only and is only accessible via the unique link provided. Once initially submitted, the registration form can be accessed via this link again and will allow you to maintain your details over the contract period.
- Only users associated with your organisation in CheckUP's online reporting system and who have access to the unique link can access and update the information on this form.
- Information collected via the online registration form will be stored securely in CheckUP's OMS Reporting System.
- The registration form must be maintained by your organisation throughout the contracting period.
- Each organisation must ensure all information included in the registration form and all documentation provided to CheckUP remains up to date throughout the contracting period.
- CheckUP will undertake regular quality checks and audits to ensure information submitted through this process meets contractual requirements.

Registration Form

Organisation Details

Name of Individual/Organisation (as per ABN)

1a Test Provider

Account Name (visible in MyCommunity Diary) *

1a Test Provider1

ABN *

1111111122

Please contact CheckUP at contracts@checkup.org.au if you need to update your ABN number or ABN status.

Please indicate what best describes the Organisation's main business function *

Do you intend to subcontract health professionals in the delivery of your CheckUP contract? Please note: CheckUP's Funding and Services Delivery Guidelines restrict subcontracting arrangements. Subcontracting arrangements are only considered under exceptional circumstances. *

No Yes

Is your organisation Not-For-Profit/Charity? *

No Yes

How many staff members does the organisation employ? (This includes all staff and not just those delivering CheckUP funded services) *

How many Aboriginal and Torres Strait Islander staff members does the organisation employ? *

Does your organisation have capacity to facilitate student placements on Outreach visits?

No Yes [CheckUP will be in contact to discuss opportunities](#)

Public Address - My Community Diary

Information in this section, as well as the Account Name, Trading Name and ABN, will be published to the the My Community Directory: <https://www.mycommunitydirectory.com.au/Queensland>

If you do not wish for your information to be published, please contact CheckUP.

Address 2: Street 1 *

Address 2: Street 2

Address 2: City *

Address 2: State/Province *

Address 2: ZIP/Postal Code *

General Phone

Provide a telephone number

General Fax

Website

General Email

Postal Address/Invoicing Address

Address 1: Street 1 *

Address 1: Street 2

Address 1: City *

Address 1: State/Province *

Address 1: ZIP/Postal Code *

Organisation Contact Details

Contract Person

Name of person who is legally authorised to enter into contracts on behalf of your organisation

[Copy From Contract Person](#)

Contact title *

First Name *

Last Name *

Position *

Work Number *

Mobile Number *

Email Address *

Preferred method of contact *

Delegated Authority for Schedule Changes

Name of person who is responsible for schedule changes to the contract

[Copy From Contract Person](#)

Contact title *

First Name *

Last Name *

Position *

Work Number *

Mobile Number *

Email Address *

Preferred method of contact *

Clinical Governance Contact

Name of person responsible for Clinical Governance

[Copy From Contract Person](#)

Contact title *

First Name *

Last Name *

Position *

Work Number *

Mobile Number *

Email Address *

Preferred method of contact *

Financial Contact

Name of person responsible for receiving payment invoices

[Copy From Contract Person](#)

Contact title *

First Name *

Last Name *

Position *

Work Number *

Mobile Number *

Email Address *

Preferred method of contact *

Optional Additional Contract Persons

In addition to the Contract Person nominated above, you have the option to nominate additional contacts to be cc'd into all correspondence relating to the Agreement (including contract variations).

Optional Additional Contract Persons

Additional Contract Person 1

First Name

Last Name

Position

Email Address

Additional Contract Person 2

First Name

Last Name

Position

Email Address

Additional Contract Person 3

First Name

Last Name

Position

Email Address

Additional Contract Person 4

First Name

Last Name

Position

Email Address

Payment Details

Does CheckUP have the payment details for the Organisation on file and up to date? *

Please contact CheckUP at finance@checkup.org.au to update your payment details.

No Yes

Accreditation With An Industry Standard

Accreditation is public recognition by an accreditation body of the achievement of accreditation standards.

Does your organisation have accreditation against one of the following standards or with one of the following bodies? *

No Yes

What Accreditation does your Organisation/Business have? *

Human Services Quality Standards (HSQF), National Disability Insurance Scheme (NDIS) Practice Standards, National Standards for Mental Health Service (NSMHS)

A copy of one up-to-date accreditation certificate is required to be held with CheckUP at all times.
Please ensure these are sent to contracts@checkup.org.au.
CheckUP may request additional documentation and information as required.

The Accreditation certificate that will be provided to CheckUP is: *

National Disability Insurance Scheme (NDIS) Practice Standards

Expiry date for the accreditation certificate provided is: *

04/04/2022

OR

Accreditation With An Industry Standard

Accreditation is public recognition by an accreditation body of the achievement of accreditation standards.

Does your organisation have accreditation against one of the following standards or with one of the following bodies? *

No Yes

Credentialing

Each Health Professional delivering services under the contract must be EITHER:

- an AHPRA registered health professional OR
- hold Membership with a Professional Body or appropriate health Qualification AND have a Blue Card.

A copy of the appropriate up-to-date AHPRA registration certificates OR membership certificates or health qualifications for all health professionals is required to be held with CheckUP at all times. Please ensure these are sent to contracts@checkup.org.au

Credentialing Requirements When Working In A Queensland Health Facility

Will any Health Professionals work in a Queensland Health Facility? *

No Yes

Health Professionals working within a Queensland Health facility may need to be credentialed with Queensland Health before commencing service delivery.

More information on this can be found below.

<https://www.health.qld.gov.au/rrcsu/html/credentialing-scope-clinical>
https://www.health.qld.gov.au/_data/assets/pdf_file/0021/155505/qh-hsdgdl-034-1.pdf

I am aware and understand that each Health Professional delivering services in a Queensland Health facility may be required to meet Queensland Health credentialing requirements. I will ensure these requirements are met prior to service delivery commencement. *

No Yes

Insurance

It is mandatory that organisations have insurance with adequate coverage for the scope of clinical practice which they are contracted to provide services.

A copy of the appropriate up-to-date certificate of currency is required to be held with CheckUP at all times. **Please ensure these are sent to contracts@checkup.org.au**

ORGANISATION'S PROFESSIONAL INDEMNITY INSURANCE

Name of Organisation's Insurer *

Policy Number *

Unlimited Coverage Amount? *

No Yes

Coverage amount (\$) *

Please don't include symbols (\$) or commas (,) in this field

Expiry date of Insurance *

Does the Organisation's Professional Indemnity Insurance cover all Health Professionals delivering under the contract. *

No Yes

Please ensure that the Professional Indemnity Insurance information for each non-AHPRA registered health professionals has been provided to CheckUP via email (contracts@checkup.org.au).

PUBLIC LIABILITY INSURANCE

All providers must have Public Liability coverage that covers staff and patients. This coverage must be held by one of the following.

Please indicate which applies to you:

Public liability insurance is held/covered by *

the health service provider individually

OR

PUBLIC LIABILITY INSURANCE

All providers must have Public Liability coverage that covers staff and patients. This coverage must be held by one of the following.

Please indicate which applies to you:

Public liability insurance is held/covered by *

the organisation that employees or contracts the health service provider

Name of Organisation's Insurer *

Policy Number *

Unlimited Coverage Amount? *

No Yes

Coverage amount (\$) *

Please don't include symbols (\$) or commas (,) in this field

Expiry date of Insurance *

DD/MM/YYYY

Please ensure that the Public Liability Insurance information has been provided to CheckUP via email (contracts@checkup.org.au).

Visiting health professionals or contractors should not assume they are covered by any facility's Public Liability Insurance.

If you do not have your own Public Liability Insurance and are working with a Queensland Health facility you will need to redirect your initial query to the relevant Hospital and Health Service (HHS) responsible for that facility, as the coverage provided will vary dependant on the arrangements and contracts in place.

Contact details: Queensland Health Insurance Services Team on ask_ist@health.qld.gov.au or (07) 3199 3809.

If further assistance is required, please contact the Clinical Governance team at CheckUP on (07) 3105 8300 or ask your regional coordinator to help direct you to the correct person in CheckUP.

OR

PUBLIC LIABILITY INSURANCE

All providers must have Public Liability coverage that covers staff and patients. This coverage must be held by one of the following.

Please indicate which applies to you:

Public liability insurance is held/covered by *

the facility the health service provider is delivering services in

Child Safety

Could your organisation and any staff be involved in any incidental interaction with Children under the age of 18years? *

No Yes

Child Safe Organisations

A child safe organisation puts the best interests of children and young people first. (Australian Human Rights Commission, 2018) [The National Principles for Child Safe Organisations](#) aim to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing.

CheckUP is committed to supporting ALL contracted service providers to become a Child Safe Organisation. A Child Safe Organisation creates a culture that adopts strategies and takes action to promote child wellbeing and prevent harm to children and young people.

The organisation or individual agrees:

- Review and understand the National Principles of Child Safe Organisations
- Put practices in place that help protect children under 18 and vulnerable people where applicable.
- Assess risks to child safety that may arise in or at work and implement measures to control and manage these
- Train staff to identify and address child safety concerns
- Ensure all staff always treat children appropriately
- Understand how to address or report concerns raised by children, other staff or adults about child abuse
- Understand that CheckUP requires that each Health Professional contracted to deliver services be a registered Health Practitioner under the Australian Health Practitioner Regulation agency (AHPRA) or hold a current Blue Card. Where non AHPRA clinicians work the majority of time with ADULTS a Blue Card is recommended but not compulsory.
- Having made diligent enquiries, I have reasonable grounds to believe that my organisation and all staff who may incidentally interact with children on behalf in relation to this contract.
- Comply with all relevant legislation relating to requirements for working with children and mandatory reporting of suspected child abuse and neglect as required.
- I undertake to ensure all staff will continue to comply for the duration of any funding/contracting arrangements

I agree with the above statements

I disagree with the above statements

Does your Organisation have a Working with Children Policy? *

Yes

Please send a copy of the policy to CheckUP

Cultural Awareness And Cultural Capability Requirements

Improving access to health care services for Aboriginal and Torres Strait Islander peoples is a priority of CheckUP. CheckUP acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters.

CheckUP are committed to working in collaboration with our region's Aboriginal and Torres Strait Islander communities and peoples to improve their health and emotional and social wellbeing in the spirit of partnership. One of the ways we can achieve this is to support welcoming, culturally sensitive and safe environments for Aboriginal and Torres Strait Islander people to access appropriate services, and ensure staff delivering services to communities are culturally responsive. We recognise that being culturally responsive is a journey and not a destination.

Upon execution of an Outreach Service Contract and prior to the commencement of service delivery, all Health Professionals and Organisations delivering services are required to demonstrate how they are providing a culturally safe service.

Does the Organisation currently offer any of the following strategies to build ongoing cultural awareness and capability of staff or visiting staff? Select all that apply. *

Online Cultural Awareness Training, Face to face Cultural Awareness Training individually or as a group, Cultural mentors and coaches

Have all Health Professionals delivering services under the contract undertaken some form of Cultural Competency Training or support? *

This may include but not limited to cultural awareness training (previously completed online or at a workshop), orientation to the community by cultural ambassadors or experience with delivering to Aboriginal and Torres Strait Islander communities.

It is a contractual requirement for all Health Professionals to be culturally aware and competent, regardless of the service delivered, the location and the patient cohort seen.

No Yes

Please detail below how you will fulfil this requirement within three (3) months of contract execution or why this may not be applicable. *

For example: The following free online course called "Yuwahn Wupin" will help you achieve this requirement.

Please note: you must first create an account with Acclaim to access this training.

<https://www.youracclaim.com/org/griffith-university/badge/first-peoples-health-yuwahn-wupin-general>

What services or supports does the Organisation offer or utilise when providing services for Aboriginal and/or Torres Strait Islander people? Select all that apply. *

Drop-in appointments, Group appointments, Opportunities for consultations in settings outside the clinic, Interpreter service

If None of these, Other or Not applicable please provide further explanation

Adverse Findings

Has there been any adverse findings made by the Health Insurance Commission, a Health Registration Board, a Health Care Complaints Commission/Body, a Coroner, a Court or any other professional against you or any Health Professional delivering services under the contract which would be relevant to them providing the service? *

No Yes

Organisation Declaration

Name and Position of Declaration Signee *

I, (name and position above) on behalf of the Organisation, *

- declare that the information that I have provided is accurate and complete.
- declare that all contracted services will be delivered by a Health Professional who is an appropriately trained, qualified, registered and insured as outlined on the Credentialling and Registration Checklist as outlined by minimal requirements in the Credentialling and Registration Checklist.
- declare that all Health Professionals are required to work within their scope of practice and comply in every respect with the By-Laws, the Medical Act 1939 (as amended) and the code of conduct of any medical college/professional association of which they are a member.
- declare that all Health Professionals delivering CheckUP funded health services do not have a condition which would affect their ability to exercise the scope of clinical practice completely.
- will notify CheckUP should any information provided in this registration form vary during the period of the contract.
- will ensure CheckUP has valid up-to-date accreditation, registration and insurance certificates during the period of the contract.
- understand that the Organisation may be audited and will assist with this process, if required.
- agree to participate in CheckUP's quality assurance processes, as required.
- agree to provide CheckUP with updated professional details of any new staff.
- agree to participate in CheckUP patient feedback processes, as required.
- have read and understood the Workers in healthcare setting (COVID-19 Vaccination Requirements) Direction and declare that all services delivered will comply with this direction.

I Disagree I Agree

General Comments

Date Declaration Was Made

Submit

Further Information

For further information on the Registration Form, please contact CheckUP on 07 3105 8300 or email contracts@checkup.org.au