



South
Gippsland
Hospital

Home Care Package Program

Contracted Services Expression of Interest Template

As a potential Contractor engaged by South Gippsland Hospital (SGH) for the purposes of providing services to the Home Care Package program please respond to the following questions to support your submission for the contract.

Name:	
Business Name:	
Address:	
ABN:	
Qualifications/Skills: (please provide dot points)	
Experience: (please provide dot points)	
What services can you provide? Eg spring cleaning, gardening, mowing, home maintenance, home modifications, Others (list) etc	



Do you have the following?	
ABN	Yes/No Please list on front page
Workers' compensation and employers' liability insurance in relation to any employees	Yes/No Please provide copy
Public liability insurance of not less than \$10 million	Yes/No Please provide copy
Professional indemnity insurance of not less than \$2.5 million	Yes/No Please provide copy
Current police check (6 months)	Yes/No Please provide copy
Current working with children check	Yes/No Please provide copy
COVID-19 Vaccination*	Yes/No Please provide your COVID-19 Vaccination Certificate*

* Current vaccination as per the legislative requirements

Please supply Two referees:

- 1.
- 2.



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Please outline why you/your business should be considered for the contract – outlining your experience, skills and any other information to support your application. It would be helpful to described the capacity to support SGH and any contingencies that may be available (eg workforce/response times/expertise)

Name of person completing this form: _____

Date : _____