Expression of Interest (EOI) Form

The TAZREACH EOI form can be used to apply for funding for outreach health services in Tasmania and will be accepted at any time throughout the funding year by the TAZREACH office.

As funding is highly sought after, all EOIs received will be evaluated in line with eligibility criteria specified in program funding guidelines. If, at the time of submitting an EOI, there is no funding available for new services, the EOI will be kept for consideration when funding becomes available.

Please refer to the [TAZREACH website](https://www.dhhs.tas.gov.au/healthprofessionals/tazreach)[[1]](#footnote-1) for information on each of the funding programs, and the EOI process.

Completing the expression of interest form

You have two options available:

1. complete the form electronically and then send it to the email address found below; or
2. print the form, complete it manually and then either scan and email it, or post it to the address found below.

Please ensure you have completed all areas of the form before submission.

Submitting your completed expression of interest form

Please email the completed form to [tazreach@health.tas.gov.au](mailto:tazreach@health.tas.gov.au). Alternatively, post the completed form to:

TAZREACH

The CH Smith Building

**Reply Paid 83471**

Launceston TAS 7250

If you have any enquires, please email the TAZREACH office on the email address above and a member of the team will contact you.

Applicant Contact Details

| Name: |  |
| --- | --- |
| Phone Number: |  |
| Email Address: |  |

Proposed Service Details

| Discipline/Specialty: |  | | |
| --- | --- | --- | --- |
| Service Provider Name: |  | | |
| Is the service provider a public or private clinician? | | Public Clinician | Private Clinician |
| Service Location & Host Site: |  | | |
| Frequency of visits per year: |  | | |

Billing Information

| What billing structure will be used for this service? | Yes | No |
| --- | --- | --- |
| I will claim from the Medical Benefit Schedule and charge a small gap fee. |  |  |
| All patients will be privately billed. |  |  |
| All patients will be bulk billed. |  |  |
| Only concession card holders will be bulk billed. |  |  |
| There will be no billing. |  |  |

Evidence of Community Need

| Please describe how this service fills a gap in health service delivery to the targeted region/community. |
| --- |

1. www.dhhs.tas.gov.au/healthprofessionals/tazreach [↑](#footnote-ref-1)