



Australian Government

Department of Health and Aged Care

Mental Health Program National Mental Health Pathways to Practice Program Pilot Application Form GOXXXX

Closing date and time:	2:00pm (Canberra time) on [dd mmmm yyyy]
GrantConnect:	All documents relating to this grant opportunity (e.g. Grant Opportunity Guidelines) are available on GrantConnect and should be read prior to completing the Application Form.
Enquiries:	If you have any questions relating to the content of this grant opportunity, contact the Department of Health and Aged Care (the department) via email: Grant.ATM@health.gov.au
National Relay Service (NRS):	The department uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1300 555 727.
Use of Information:	The department may use information provided to comply with the Australian Government requirement to publish details of all grant recipients on the GrantConnect website, inform staff negotiating and establishing agreements and inform future assessments. All information provided may be shared with other Commonwealth and law enforcement agencies for the preventing and detecting fraud.
Submitting:	Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect. You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au

1. Application Form Checklist

1.1 Before you Begin

* Denotes mandatory fields

- ☐ Read the entire grant opportunity package:
 - National Mental Health Pathways to Practice Program Pilot Grant Opportunity Guidelines
 - National Mental Health Pathways to Practice Program Pilot Application Form (this document)
 - National Mental Health Pathways to Practice Program Pilot Frequently Asked Questions
 - [Commonwealth Standard Grant Agreement](#)
- ☐ Ensure your organisation meets the eligibility criteria set out in section 4 of the Grant Opportunity Guidelines.

2. Applicant Details

2.1 Organisation Details

Requested Information	Response	Hints
The legal/registered entity name of the organisation?*		Please search using the ABN Lookup .
The organisation's Australian Business Number (ABN)*		Please search using the ABN Lookup . If not provided, you must provide a reason why.
The ABN Branch Number (if applicable).		This is limited to 3 digits (if applicable).
Legal entity type*	<input type="checkbox"/> Company <input type="checkbox"/> Indigenous Corporation <input type="checkbox"/> Commonwealth Company <input type="checkbox"/> Corporate Commonwealth Entity <input type="checkbox"/> Non-corporate Commonwealth Entity <input type="checkbox"/> Corporate State or Territory Entity <input type="checkbox"/> Non-corporate Commonwealth Statutory Authority <input type="checkbox"/> Non-corporate State or Territory Entity <input type="checkbox"/> Local Government <input type="checkbox"/> Cooperative <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Person <input type="checkbox"/> Statutory Entity	<p>Only select one. If you are unsure please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. If none apply, please select "Statutory Entity".</p> <p>You may be required to supply Proof of Entity Type during the assessment phase of this application.</p>
Are you applying as a Trustee on behalf of a Trust?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please attach a copy of the full signed Trust Deed when submitting.
Is the organisation registered as a charity?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered as a charity with the ACNC .

Requested Information	Response	Hints
Does the Applicant operate as not-for-profit?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Further details about not-for-profit organisations – see the ATO website .

2.2 Registered Business Address Details - What is the registered business address and main contact details of the Applicant?

Requested Information	Response	Hints
Floor / Building; Unit; Apartment*		e.g. Level 1 Main Building (not a PO Box)
Street number, name and type*		e.g. 220 Business Street
Suburb/Town*		e.g. Canberra
State*		e.g. ACT
Postcode*		e.g. 2601
Main telephone*		e.g. 02 6262 1234
Main email address*		e.g. admin@test.com.au
Web address		e.g. www.test.com.au

2.3 Postal Address Details - What is the postal address of the Applicant?

Requested Information	Response	Hints
Same as registered business address above*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "No", complete below details. If "Yes", go to the next section.
Floor / Building; Unit; Apartment*		e.g. Level 1 Main Building
Street number, name and type*		e.g. GPO Box 123
Suburb/Town*		e.g. Canberra
State*		e.g. ACT
Postcode*		e.g. 2601

2.4 Organisation Financial Details

Requested Information	Response	Hints
Is the organisation registered for GST?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered for GST.
Does your organisation have a Receipt Created Tax Invoice (RCTI) Agreement?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant has a RCTI Agreement.
If "Yes" please provide the RCTI Vendor ID Number.*		The RCTI Vendor ID Number can be located via your organisation's Commonwealth Department of Health and Aged Care RCTI (Recipient Created Tax Invoice).
Applicant's financial email address for the receipt of any payment advice?*		e.g. admin@test.com.au

2.5 Nominated Bank Account Details for receipt of payment

Requested Information	Response	Hints
BSB number*		Must be 6 numbers.
Account number*		Must be 2 to 9 numbers.
Account name*		As it appears on the bank statement. 60 character limit.

2.6 Other Sources of Funding

Requested Information	Response	Hints
Does the applicant (or any potential consortium partner) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant receives or has applied for funding for the activities that are the subject of this application.
If "Yes", please provide the following details below: Funding source name, Description/name of the project, Value of funding received or applied for and Period of funding.		

If you have selected "No" please move to the next question regarding charity status.

Funding source name:		<i>e.g. Department of Health and Aged Care</i>
Description/name of the project:		<i>e.g. Expansion of Health Services</i>
Value of funding received or applied for:		<i>e.g. \$1000.00</i>
Period of funding:		<i>e.g. 01/01/20 to 03/07/2021</i>

2.7 Preferred Authorised Contact

Requested Information	Response	Hints
Title*		<i>e.g. Ms</i>
First name*		<i>e.g. Julia</i>
Last name*		<i>e.g. Roberts</i>
Position*		<i>e.g. CEO</i>
Telephone*		<i>e.g. 02 6289 1234</i>
Mobile		<i>e.g. 0411 222 333</i>
Email address*		<i>e.g. julia@test.com.au</i>

2.8 Alternate Authorised Contact

Requested Information	Response	Hints
Title*		<i>e.g. Mr</i>
First name*		<i>e.g. Jon</i>
Last name*		<i>e.g. Adams</i>
Position*		<i>e.g. Financial Controller</i>
Telephone*		<i>e.g. 02 6289 1235</i>
Mobile		<i>e.g. 0411 222 334</i>
Email address*		<i>e.g. jon@test.com.au</i>

2.9 Joint (Consortium) Arrangements

Requested Information	Response	Hints		
Does the Applicant plan to deliver the Project/Activity as part of the lead agency of a consortium?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>If “Yes” and if the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage. The Applicant should obtain agreement from each consortium member prior to submitting this Application. Further evidence of the consortium arrangements (such as support letters and/or a formal agreement between all members) will be sought from successful Applicants prior to the signing of the Grant Agreement.</i></p>		
List the legal names of all members of the consortium and provide a brief description of each member's role in the delivery of the services.*	Organisation legal name	ABN	Role in Consortium	Letter of Support
	1)		Lead agency and contract signatory	<input type="checkbox"/>
	2)			<input type="checkbox"/>
	3)			<input type="checkbox"/>
	4)			<input type="checkbox"/>
	5)			<input type="checkbox"/>

2.10 Governance

Requested Information	Response	Hints
Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?*	<input type="checkbox"/> Governance Investigation of relevant person(s) <input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditor Voluntary Administration Liquidation, External Administration, or Receivership <input type="checkbox"/> Bankruptcies of relevant person(s) <input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s) <input type="checkbox"/> Litigation against relevant person(s) including judgement debts OR <input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.	<i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i>
Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.*	<input type="checkbox"/> Governance Investigation of your organisation or related entities <input type="checkbox"/> Litigation or liquidation proceedings <input type="checkbox"/> A contract with your entity terminated by the other party <input type="checkbox"/> Contingent liabilities of a material amount <input type="checkbox"/> Overdue tax liabilities <input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings. <input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided. <input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project	<i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i>

Requested Information	Response	Hints
	OR <input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.	
Does the Applicant have documented organisational and financial policies and procedures?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, you may be required to provide a copy within 7 days, if requested.
Does the Applicant have a business plan and/or strategic plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, you may be required to provide a copy within 7 days, if requested.
Does the Applicant have a risk management plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If “Yes”, you may be required to provide a copy within 7 days, if requested.

2.11 Eligibility Requirements

Requested Information	Response	Hints
Is your organisation (or your project partner organisation) included on the National Redress Scheme’s website on the list of ‘Institutions that have not joined or signified their intent to join the Scheme’?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy will come into effect on 1 January 2021.
Are you compliant with the Commonwealth Child Safe Framework?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	As part of the Commonwealth Child Safe Framework , all Commonwealth entities are required to establish

Requested Information	Response	Hints
		<i>measures to promote the protection of children in services and activities funded by the Australian Government. This means that, from 1 February 2020, organisations funded by the department are required to comply with child safety requirements consistent with the Commonwealth Child Safe Framework.</i>
Are you compliant with the eligibility criteria set out in section 4 of the Grant Opportunity Guidelines?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	You must respond to this question.
Are you compliant with specific legislation, policies and industry standards set out in section 10.2 of the Grant Opportunity Guidelines?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	You must respond to this question.

3. Application Details

3.1 Project/Activity Details

Requested Information	Response	Hints
Provide a short title of your Application for this Project/Activity*		Maximum 50 words
Provide a brief Project description*		Maximum 300 words

3.2 Assessment Criterion 1*

Alignment with Program Objectives and Outcomes

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1 of the Grant Opportunity Guidelines.

In addition, you must complete the indicative activity work plan (template provided on GrantConnect).

You must demonstrate this through identifying:

- * How the activities proposed in your organisation's application align with the grant opportunity's objectives and outcomes;
- * How the activities proposed in your organisation's application overcome barriers to providing placements in different regions, including non-metropolitan regions;
- * How your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes; and
- * Specify if you are applying for Nursing and Allied Health placements, Psychology placements and/or Board-endorsed supervisor training and the number of placements and training places you are able to deliver.

A strong response will:

- * Demonstrate how you will put in place measures to facilitate a regional, rural or remote component for your placements; and
- * Demonstrate how you will work to attract a minimum of 5% of all placements and supervisor training places to First Nations students, graduates and supervisors as a first priority.

Applicant's Response (1000-word limit)

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3.3 Assessment Criterion 2*

Efficient, Effective, Economical and Ethical use of Relevant Money

Describe how you will ensure the efficient and economical use of grant funds when delivering your project/activities. A strong response will identify how the project/activities will achieve high quality outcomes in a cost-effective way.

In addition, you must complete the indicative activity budget (template provided on GrantConnect).

A strong response will:

* Demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

Applicant's Response (750-word limit)

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3.4 Assessment Criterion 3*

Organisational Capacity and Performance

Describe the experience you have in facilitating student and graduate placements (activities under section 5.1 of the Grant Opportunity Guidelines).

A strong response will identify experience in providing interventions designed to increase student and graduate placements in the mental health sector.

Applicant's Response (1000-word limit)

DRAFT

3.5 Assessment Criterion 4 *

Support provided to students, graduates and/or supervisors in training

Describe what your organisation does to ensure students, graduates and supervisors participating in placements are supported. In responding to this criterion, you should provide details of (where relevant to your activities):

- * Your processes for matching students and graduates to placements and supervisors;
- * Processes to ensure cultural safety for First Nations students, graduates and supervisors;
- * Processes to ensure that anyone matched to environments likely to involve children are compliant with all policies, procedures, guidelines and training related to child safety (noting that all grant recipients must comply with all Australian law relating to employing or engaging people who work or volunteer with children);
- * Clinical supports provided to students and graduates on placements;
- * Feedback mechanisms to enable improved placement matching services into the future;
- * Supports provided to supervisors in training to increase continuation into supervisory roles; and
- * Processes to ensure that supervisors appropriately convey the importance of adhering to the Commonwealth Child Safe Framework to their supervisees (who may be working in environments involving children).

Applicant's Response (1000-word limit)

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3.6 Assessment Criterion 5*

Risk Management

Using the Risk Management Plan template (template provided on GrantConnect), outline key risks and issues that may be encountered in undertaking your Organisation's proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your Organisation's proposal.

Applicant's Response

☐ I acknowledge I have completed the Risk Management Plan and attached the completed template to my application.

3.7 Attachment/s

Attachments to your application*:

- ☐ Activity Work Plan (AWP), Indicative Activity Budget and Risk Management Plan;
- ☐ Evidence of funding strategy;
- ☐ Evidence of support from your organisation's board, CEO or equivalent; and
- ☐ If applying as a trust, a trust deed.

If you do not attach the requested documents, your application may not progress further in the process.

3.8 Provide a breakdown of the proposed grant funding

Financial Year	2022/23 \$ M (GST Excl)	2023/24 \$ M (GST Excl)	2024/25 \$ M (GST Excl)	Total Funding \$ M (GST Excl)
Funding Amount*				

4. Declaration

Requested Information	Response	Hints
Do you have any conflicts of interest that may occur related to or from submitting this application?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please provide details in the next response.

Requested Information	Response	Hints
If "Yes", describe any conflicts of interest		<i>Only respond if you answered "Yes" to the previous question.</i>
I am applying for a grant in the amount of*		<i>Total amount (GST exclusive)</i>
Over the following financial years*		<i>e.g. 2020-21 to 2022-23</i>
<p>I declare that:</p> <ul style="list-style-type: none"> • The information contained in this form is true and correct. • I have read, understood and agree to abide by the Grant Opportunity Guidelines. • I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful. • I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful. • I have read, understood and agree to information provided in this Application as detailed in the Use of Information. • If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information. • I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful. 		
I understand and agree to the declaration above*	<input type="checkbox"/> Yes	<i>Mandatory</i>
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth).*	<input type="checkbox"/> Yes	<i>Mandatory</i>
Signature of Authorised Officer*		<i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>
Full name of Authorised Officer*		<i>e.g. Julie Mary Roberts</i>
Position of Authorised Officer*		<i>e.g. Manager</i>

Requested Information	Response	Hints
Date*		<i>e.g. 15 Jan 2021</i>

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