**‘STRENTHENING MEDICARE – GP GRANTS PROGRAM’**

Access for all your Antenatal Patients, Expectant and New Families to a Digital/Online Antenatal and Early Parenting Program called

Nourish Baby

**EXPRESSION OF INTEREST**

**(To be submitted by COB Wednesday 31st May 2023)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GP PRACTICE DETAILS** | | | | | | | | | |
| **Legal Name** |  | | | | | **ABN** | | |  |
| **Practice Name** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
| **Accredited or Registered for Accreditation** | Less than 7 Medicare GPFT Yes ⬜ No ⬜  From 7 Medicare GPFTE to less than 15 Medicare GPFTE Yes ⬜ No ⬜  15 Medicare GPFTE or more Yes ⬜ No ⬜ | | | | | | | | |
| **DETAILS OF PERSON COMPLETING THE EXPRESSION OF INTEREST** | | | | | | | | | |
| **Full Name** |  | | | | **Position** | |  | | |
| **Phone** |  | | **Email** |  | | | | | |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS** | | | | | | | | | |
| **Questions** | | **Comments** | | | | | | **Yes/No** | |
| **Are you interested in improving your practice's digital health capability to enhance patient access and support safe, accessible, and quality primary care?** | |  | | | | | | Yes ⬜ No ⬜ | |
| **Would you like to fast-track the benefits of a more connected healthcare system by providing access to a Digital/Online Antenatal and Early Parenting Program for your Antenatal Patients, Expectant and New Families?** | |  | | | | | | Yes ⬜ No ⬜ | |
| **Have you received an application pack from the Primary Health Network (PHN)?** | |  | | | | | | Yes ⬜ No ⬜ | |
| **Would you like assistance to complete the registration/application process?** | |  | | | | | | Yes ⬜ No ⬜ | |
| **GRANT ROUND CLOSES ON 15TH JUNE 2023** | | | | | | | | | |

**Thank you. We encourage you to return this EOI to us at GP Partners Australia, as soon as possible.**

**Please submit to** [**lmarch@gppaustralia.org.au**](mailto:lmarch@gppaustralia.org.au)