

Patient Pathways Pilot Finalisation

Partner Organisation

Disease pathway(s) supported

Date of end of engagement in Pilot

Organisation information

Trading or business name

Legal entity type (e.g. company, incorporated association, partnership, individual, other body corporate)

Australian Company Number (ACN) or other entity identifier

Australian Business Number (ABN)

Is the Patient Organisation is registered for Goods and Services Tax (GST)?

Yes

No

Grant information

Please confirm the Grant funds allocated (amount) to the Partner Organisation over the duration of the Pilot

Please confirm that the Grant funds (amount) received by the Partner Organisation over the duration of the Pilot

Please enter any explanatory notes below

Please confirm whether the payment of Grant funds supported the Telehealth Nurse to conduct the grant activity

Please state the legal relationship or arrangement between the Patient Organisation and the Telehealth Nurse that is engaged to provide the services to that Patient Organisation

Employee

Contract

Other (Please specify)

Please state what amount of Grant funds the Patient Organisation has paid to its Telehealth Nurse for the purposes of the Activity

Please state whether your Telehealth Nurse was engaged by more than one Patient Organisation to conduct their Activity for them

Did your Telehealth Nurse provided services or any other assistance to any Patient Organisation outside the Activity and separate from the Grant. If so:

a) please state the names of those Patient Organisations; and

b) please specify the percentage of overall time spent by the Telehealth Nurse on services and other assistance given to those Patient Organisation that were not related to the conduct of the Activity.

Checklists

Please complete the checklist below to confirm finalisation in the Patient Pathways Telehealth Program

Partner Organisation Checklist

The Partner Organisation confirms that

All invoices submitted to CCDR

All funds under contract have been received

All the Grant funds have been expended

Data management confirmed to remain with CCDR until otherwise notified by Partner Organisation

Declaration

The undersigned declare that to the best of their knowledge, the information given in this document is true and correct

Name

Position

Signature

Date

The Centre for Community-Driven Research (CCDR) to sign on return of this form and provide partner with a copy for their records

CCDR confirms that this partner organisation has no further requirements or deliverable under the contract or conditions agreed to in relation to the Patient Pathways Telehealth Program

Name

Position

Signature

Date