

QUESTIONNAIRE for response by the
CENTRE FOR COMMUNITY-DRIVEN RESEARCH LIMITED

In this questionnaire:

- **‘Grant Agreement’** means the agreement between the Commonwealth as represented by the Department of Health and Centre for Community-Driven Research Limited (the Grantee) dated 4 September 2018, as varied the deed of variation dated 23 November 2021.
- **‘Patient Organisation’** means each patient organisation that received, or is expected to receive, any amount of the Grant funds from the commencement of the Activity on 25 June 2018 to date.
- **‘Telehealth Nurse’** means the nurse appointed by each Patient Organisation who conducts, or has conducted, telehealth services for the Patient Pathways Program in performance of the Activity.

All other capitalised terms have the same meaning as given in the Grant Agreement.

A flowchart is provided to show the Department’s understanding of the contractual arrangements.

Pursuant to clause 13.2 of the Grant Agreement, the Department of Health and Ageing (formerly the Department of Health) requests the following further information from the Grantee:

1. Please state whether all the Grant funds have been expended. If not, please state the amount of unspent Grant funds.
2. Please state the names of all Patient Organisations engaged by the Grantee.
3. In respect of **each** Patient Organisation, please provide the following details:
 - a) the trading or business name;
 - b) the legal entity type (e.g. company, incorporated association, partnership, individual, other body corporate);
 - c) the Australian Company Number (ACN) or other entity identifier;
 - d) the Australian Business Number (ABN); and
 - e) whether the Patient Organisation is registered for Goods and Services Tax (GST) or not.
4. Please state if there is a written agreement between the Grantee and **each** Patient Organisation for the provision of services to conduct the Activity, and:
 - a) if so, please provide a copy of each agreement; and
[Note: Any Personal Information may be redacted from the copies as necessary].
 - b) if not, please provide reasons for the absence of such a written agreement.
5. For **each** Patient Organisation, please state:
 - a) the amount of Grant funds that was allocated to each of them;

- b) the amount of the Grant funds that was actually paid by the Grantee to each of them; and
 - c) whether the payment of Grant funds also included funds to pay for the Telehealth Nurse to conduct the Activity.
6. For **each** Patient Organisation, 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 for the purposes of the Activity.
[Note: For example: the Telehealth Nurse may be contracted by the Patient Organisation, employed by the Patient Organisation, or engaged under a different legal arrangement. If a different legal arrangement, please state what that legal arrangement is.]
7. For **each** Patient Organisation, please state what amount of Grant funds the Patient Organisation has paid to its Telehealth Nurse for the purposes of the Activity.
8. Please state whether any Telehealth Nurse was engaged by more than one Patient Organisation to conduct their Activity for them. If so, state the names of those Patient Organisations and which Telehealth Nurse they had in common.
9. Please state whether any 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.
10. Please state whether any Telehealth Nurse engaged to conduct the Activity for a Patient Organisation was also at the same time employed by, under contract to, or an officer or director of, the Grantee? If so, please state:
- a) what the legal relationship or arrangement between the Grantee and the Telehealth Nurse is; and
 - b) the amount of Grant funds directly paid by the Grantee to that Telehealth Nurse under that legal relationship or arrangement.
11. Please state whether Personal Information from the Grantee's database and/or the Patient Pathways Program database is being, or has been, accessed from an overseas location. If so, please specify:
- a) the nature of that Personal Information; and
 - b) the role and capacity in which the person accessed the Personal Information.
[Note: For example: an officer on behalf of the Grantee, an employed Telehealth Nurse on behalf of a Patient Organisation or an independent Telehealth Nurse].

Additional questions may be asked to clarify and understand the answers that are given by the Grantee to this questionnaire.