

Expression of Interest Registration Information

Registration Information

This is the registration information for those expressing interest in receiving one of the limited number of available Emergency Response Planning Tools (ERPT) 12 month free licences for General Practices.

You must be a General Practice located within the [Hunter New England and Central Coast region](#).

The 12 month licences are being awarded on a first in basis to eligible applicants. The registration process will automatically close once all the licences have been allocated. This may be prior to you submitting your registration form.

Note that if you have previously received a free licence from the PHN you are not eligible to apply for this round.

Please ensure you read the full guidelines [here](#).

The information in this registration form will be used in your Letter of Agreement if successful.

Please ensure you enter the correct details, including punctuation.

If you have any questions, please contact **grants@thephn.com.au** or call **1300 859 028** during business hours.

Program

This field is read only.

If you do contact us throughout the grant application process, please quote the grant application number below:

Grant Application Number

This field is read only.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, located [here](#).

ERPT EOI Form 2024

Form Preview

Future Notifications

☐ I DO NOT wish to be notified of upcoming grant opportunities.

If successful, the PHN will need to provide the contact details from this application to the licence provider, HealthpointNZ, who will provide access to the online licence portal.

IMPORTANT:

If you are successful in securing a free 12 month licence, do you agree that Hunter New England Central Coast Primary Health Network can supply the contact details provided in this application to HealthpointNZ for the purpose of providing access to the ERPT licence via an online portal?

I Agree

☐ Yes
☐ No

Contact Details

* indicates a required field

Applicant *

Organisation Name

General Practice Name

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	

ERPT EOI Form 2024

Form Preview

Main business location

Must be an ABN.

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Project Contact *

Title First Name Last Name

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

I am able to commence (sign in) to register the licence within 4 weeks of receiving notification *

☐ Yes

Please do not apply if you are not able to commence within 4 weeks of receiving approval.

Licence Value

\$

This number/amount is calculated.

Note that no money will be allocated. Value is based on the licence cost.

Do you currently have a self funded ERPT licence for this practice? *

☐ Yes

☐ No

☐ Not Sure

Current users will receive a free 12 month extension to their licence. Note that if you have received a PHN funded licence you are ineligible for an extension.

Certification and Feedback

* indicates a required field

Certification

Thank you for registering for the Emergency Response Planning Tool free 12 month licence.

I certify that to the best of my knowledge the statements made within this registration form are true and correct.

I confirm that:

I have read and understood the [guidelines](#) for this Expression of Interest.

I understand that licences are awarded on a first in basis to eligible practices and that completing a registration is no guarantee of receiving a licence. Successful applicants will be notified.

I agree *

- ☐ Yes
- ☐ No

If successful, the information supplied in this form will be required to be shared with HealthpointNZ for the purpose of providing the licence. Sharing of information conforms to the Privacy Policy of the PHN which can be found [here](#).

I Agree *

- ☐ Yes
- ☐ No
- ☐ Please contact me to discuss

Date *

Must be a date