

Building Partnerships Framework: Expression of Interest Form

Lead Organisation	
Partnering Organisations	Name of Partnering Organisation: Confirmed partnership: Yes/No
Key Contact	Name and contact details
Implementation sites (Geographical region e.g. LGAs, LHD's or ML's boundaries or Individual site)	Applicants may choose to focus on a defined area or site, or on a whole jurisdictional area.

Proposal title	
Proposal description	<i>Describe your proposal using the Building Partnerships Framework.</i>

Criteria	
1. Identification of a clinical champion, executive sponsor and proposed project lead to support implementation <i>(consider including geriatrician/ medical, aged health specialist nurses, pharmacy, allied health, clinical governance, data analysis)</i>	Clinical Champion: (Name, Role, email) Executive sponsor: (Name, Role, email) Proposed Project Lead: (Name, Role, email) 1. 2. 3. 4.
2. Describe other Integrated Care Strategies within your local area? How will this fit with this framework?	<i>Please describe initiatives aligned to key principles.</i>
3. Describe other Aged Care Strategies within your area? a. How will this fit with this framework?	<i>Please describe initiatives aligned to key principles.</i>
4. Agreement to establishment shared governance structure. Yes/No	<i>Briefly describe how you would establish a shared governance structure.</i>
5. Commitment to participate in evaluation	
6. Availability of members of the project team to attend Capability development in Clinical Redesign at ACI, Chatswood*. <i>*ACI will cover the travel costs of regional/ rural participants to attend.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Partner Organisation	Sponsor Name	Signature
1.		
2.		
3.		