|  |  |  |
| --- | --- | --- |
|  |  Tasmanian Health Service GPO Box 1061, HOBART TAS 7001, Australia Ph: 1300 135 513 Web: www.dhhs.tas.gov.au |  |

**THS Southern Region**

**CANCER SUPPORT CENTRE**

**THS Service Provider**

**Program and Service Provider Proposal Form**

*The Cancer Support Centre is a dedicated space located within Royal Hobart Hospital for the provision of psychosocial support and access to information resources, group programs and preventative and complementary therapies for anyone directly affected by a diagnosis of cancer including family and carers of those with a diagnosis of cancer.*

*All programs and services run in the Centre require approval by Support Centre Clinical Advisory Group in line with THS policies and procedures for patient and visitor protection.*

**Please submit this proposal form with as much detail as possible**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following description of proposed service/program:**

**TITLE:**

1. **Summary of Service or Program**

1. **Outline of how Service or Program will run**

1. **Timeframe**

1. **Will external providers be involved in your Program? YES** [ ]  **NO** [ ]

If yes – they will be required to complete one of the following forms:

1. **Application for use of Department of Health and Human Services room** – if they are presenting for one to two occasions for example.
2. Application form **for Lease/Licence for external entity in Department of Health and Human Services premises** – if they are participating in more than one to two occasions, are conducting the program or if they physical contact e.g. touching, counselling advice, exercise session, yoga, pilates etc.

(See attached.)

1. **Space required in Centre**

1. **Benefits to the client group**

1. **Anticipated outcomes** *(What we can expect, specific to client group – reportable KPI’s)*

1. **Please provide a written report/ summary at the completion of your program or if continuing at the end of the calendar year, describing each of the outputs you have delivered on.**

Please send completed forms to:

Social Work Department

Cancer Support Centre Applications

RHH

Liverpool St

Hobart Tas 7000

Please contact us if you require further information or clarification.

Thankyou