**Request for Quote (RFQ)**

**Clinical Editor HealthPathways (CORP065)**

|  |  |
| --- | --- |
| **Organisation Information** | |
| Legal Entity Name (based on ABN registration) |  |
| Trading/Business Name |  |
| Australian Business Number (ABN) |  |
| AHPRA registration number |  |
| Street Address |  |
| Postal Address |  |
| Phone Number |  |

|  |  |
| --- | --- |
| **Contract details for RFQ**  (For receipt of all communications and notices regarding this Tender) | |
| Contact Name |  |
| Position |  |
| Email Address |  |
| Phone Number |  |

|  |  |  |
| --- | --- | --- |
| **Conflict of Interest** | | |
|  | Is the Tenderer, to the best of its knowledge after making diligent inquiry, aware that a conflict of interest exists or is likely to arise? | **Y / N** |
|  | If so, provide all details of that conflict of interest:  **<insert details of Conflict of Interests here>** | |

Insurance

The Tenderer should provide details of the policies it currently holds for the following insurances:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of insurance** | **Insurer** | **Policy No.** | **Extent of cover per incident** | **Extent of cover in aggregate** | **Expiry date of Policy** |
| **Public Liability** |  |  |  |  |  |
| **Professional Indemnity** |  |  |  |  |  |

**References**

Upon acceptance of quotation CHN will notify the respondent when we wish to conduct reference checks.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Position** |  |  |
| **Organisation** |  |  |
| **Phone** |  |  |
| **Email** |  |  |
| **Relationship/details** |  |  |

Assessment Criteria

|  |  |
| --- | --- |
| 1. Describe your relevant experience and working knowledge of the ACT Health system including key service providers. **[word limit 400words, weighting 30%]** | |
| Response: | |
| 1. Provide an overview of your understanding of the impact of HealthPathways in the ACT / SNSW region including for general practitioners, other health professionals and the health system. Describe your approach and additional skills and attributes you will bring in providing the required services to the HealthPathways program. **[word limit 400words, weighting 30%]** | |
| Response: | |
| 1. Describe how your values align with CHN values and how this will be reflected in the delivery of clinical editor services to HealthPathways including working with the HealthPathways and wider CHN teams, subject matter experts and external stakeholders. **[word limit 300words, weighting 20%]** | |
| Response: | |
| 1. Provide an overview of your current proficiency level in the use of Microsoft Office applications (ie. MS Word, Excel, Outlook, Sharepoint). Also provide information, including proficiency levels, about other platforms you have experience using. **[word limit 300words, weighting 20%]** | |
| Response: | |
| 1. **Budget and Value for Money [no word limited or weighting]**   Responses must include demonstrated value for money and quotation of service fees including hourly rate. |
| Response: |
| Please include current C.V with your response. |