



## Australian Government

### Department of Health and Aged Care

## Mental Health Program

## Addressing Critical Psychology Shortages – Supporting Provisional Psychologists to Practice Grant Opportunity

## Manual Application Form

GOXXXX

<b>Closing date and time:</b>	2:00pm (Canberra local time) on 1 December 2023
<b>Commonwealth policy entity:</b>	Department of Health and Aged Care (department)
<b>Administering entity:</b>	Community Grants Hub
<b>Enquiries:</b>	If you have any questions, contact the department via email: <a href="mailto:Grant.ATM@health.gov.au">Grant.ATM@health.gov.au</a>
<b>Submitting:</b>	<p>Submit the completed application form and all necessary attachments by the closing date and time via the red <b>Submit Application</b> button on the left-hand side of GrantConnect.</p> <p>You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email <a href="mailto:Grant.ATM@health.gov.au">Grant.ATM@health.gov.au</a>.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none"><li>• Phone: 1300 484 145</li><li>• Email: <a href="mailto:GrantConnect@finance.gov.au">GrantConnect@finance.gov.au</a></li></ul>

\* Denotes mandatory fields

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# 1. Before you begin

## 1.1. Use of information \*

Requested Information	Applicant Response
<p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none"> <li>• Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website</li> <li>• Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program</li> <li>• Inform future assessments for Applications.</li> </ul> <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p>	<p>Choose an item.</p>

## 1.2. Checklist \*

Requested Information	Applicant Response
<p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none"> <li>• Grant Opportunity Guidelines</li> <li>• Application Form (this document)</li> <li>• <a href="#">Commonwealth Grant Agreement</a></li> <li>• Frequently Asked Questions</li> <li>• Attachment Pack</li> </ul>	<p>Choose an item.</p>
<p>Ensure your organisation meets the eligibility criteria set out in Section 6 of the Grant Opportunity Guidelines.</p>	<p>Choose an item.</p>
<p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	<p>Choose an item.</p>

## 2. Applicant Details

### 2.1. Entity details

Requested Information	Applicant Response
<p><b>Is the Applicant an existing Grant Recipient? *</b></p> <p><i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i></p>	Choose an item.
<p><b>Organisation ID</b></p> <p><i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i></p>	
<p><b>Applicant's legal/registered entity name *</b></p> <p><i>Search using the <a href="#">ABN Lookup</a>.</i></p>	
<p><b>Applicant's Australian Business Number (ABN) *</b></p> <p><i>Search using the <a href="#">ABN Lookup</a>. If not provided, you must provide a reason why.</i></p>	
<p><b>Applicant's ABN Branch Number</b></p> <p><i>This is limited to 3 digits (if applicable).</i></p>	
<p><b>Applicant's legal entity type *</b></p> <p><i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the <a href="#">ABN Lookup</a>.</i></p> <p><i>Attach Proof of Entity Type when submitting your application.</i></p>	Choose an item.
<p><b>Are you applying as a Trustee on behalf of a Trust? *</b></p> <p><i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i></p>	Choose an item.
<p><b>Is the Applicant registered as a charity? *</b></p> <p><i>Select 'Yes' if the Applicant is registered as a charity with the <a href="#">ACNC</a>.</i></p>	Choose an item.

Requested Information	Applicant Response
<p><b>Does the Applicant operate as not-for-profit? *</b></p> <p><i>For further details about not-for-profit organisations – see the <a href="#">ATO website</a>.</i></p>	Choose an item.
<p><b>Is the Applicant registered for GST? *</b></p> <p><i>Search using the <a href="#">ABN Lookup</a>.</i></p>	Choose an item.
<p><b>Applicant's financial email address for the receipt of any payment advice *</b></p>	

## 2.2. Main business address

Requested Information	Applicant Response
<b>Floor / Building, Unit, Apartment *</b>	
<b>Street number, name and type *</b>	
<b>Suburb/Town *</b>	
<b>State *</b>	
<b>Postcode *</b>	

## 2.3. Postal address

Requested Information	Applicant Response
<p><b>What is the Applicant's postal address details? *</b></p> <p><i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i></p>	Choose an item.
<b>Floor / Building, Unit, Apartment</b>	
<b>Street number, name and type</b>	
<b>Suburb/Town</b>	
<b>State</b>	
<b>Postcode</b>	

## 3. Eligibility Requirements

Requested Information	Applicant Response
<p><b>Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. *</b></p>	Choose an item.

Requested Information	Applicant Response
<i>The <a href="#">National Redress Scheme</a> for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.</i>	
<b>Confirm your organisation has an Australian Business Number (ABN). *</b>	Choose an item.
<b>Confirm your organisation is registered for the purposes of GST. *</b>	Choose an item.
<b>Confirm your organisation has an account with an Australian financial institution. *</b>	Choose an item.

### 3.1. Additional Eligibility Requirements

Applicants can apply for one or both streams of the grant opportunity. Applicants must respond to all eligibility requirements below. Please note, applicants should select 'not applicable' in the response section for the grant stream they do not wish to apply for.

#### Stream 1 – 5+1 Pathway Internships

Requested Information	Applicant Response
<b>Confirm the Applicant has experience operating in the mental health sector. *</b>	Choose an item.
<b>Confirm the Applicant has established, or access to, networks and relationships with psychology graduates to source and engage 5+1 candidates for internships. *</b>	Choose an item.
<b>Confirm the Applicant has networks and connections across the mental health service provider landscape to facilitate internships. *</b>	Choose an item.

#### Stream 2 – Supervisor Training

Requested Information	Applicant Response
<b>Confirm the Applicant is approved to deliver AHPRA Psychology Board of Australia approved supervisor training online (as listed on the <a href="#">Psychology Board of Australia</a> website). *</b>	Choose an item.
<b>Confirm the Applicant has experience operating in the mental health sector. *</b>	Choose an item.

## 4. Governance

Requested Information	Applicant Response
<p><b>Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? *</b></p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Crediton Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p><b>OR</b></p> <p><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>
<p><b>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</b></p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p><b>OR</b></p>

Requested Information	Applicant Response
	<input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.
<p><b>Does the Applicant have documented organisational and financial policies and procedures? *</b></p> <p><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i></p>	Choose an item.
<p><b>Does the Applicant have a business plan and/or strategic plan? *</b></p> <p><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i></p>	Choose an item.
<p><b>Does the Applicant have a risk management plan? *</b></p> <p><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i></p>	Choose an item.

## 5. Project/Activity Details

Requested Information	Applicant Response
<p><b>Provide a short title of your Application for this Project/Activity *</b></p> <p><i>Maximum 50 words</i></p>	
<p><b>Provide a brief Project/Activity description *</b></p> <p><i>Maximum 300 words</i></p>	

### 5.1. Stream of activity

Requested Information	Applicant Response
<p><b>Which Stream are you applying for?</b></p> <p><i>Stream 1: 5+1 Pathway Internships</i></p> <p><i>Stream 2: Supervisor Training</i></p>	Choose an item.

## 6. Financial Details

### 6.1. Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *					
	2023/24 FY	2024/25 FY	2025/26 FY	2026/27 FY	Total
	\$ M	\$ M	\$ M	\$ M	\$ M
Stream 1					
Stream 2					
<b>Total</b>					

### 6.2. Bank account details

Requested Information	Applicant Response
<b>BSB number *</b> <i>Must be 6 numbers.</i>	
<b>Account number *</b> <i>Must be 2 to 9 numbers.</i>	
<b>Account name *</b> <i>As it appears on the bank statement. 60-character limit.</i>	

## 7. Assessment Criteria

### 7.1. Stream 1|Assessment Criterion 1

#### Requested Information

##### **Alignment with program objectives and outcomes (1000 word limit)**

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1. You must demonstrate this through identifying:

- how the activities proposed in your organisation's application overcome barriers to providing internships in different locations, including non-metropolitan regions
- how your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objective and outcomes, and
- specify the number of internships you are able to deliver.

A strong response will:

- demonstrate how you will put in place measures to support a minimum of 50 per cent of all internships to be provided to priority populations, including First Nations, CALD communities and regional, rural and remote communities, and
- demonstrate how you will support distribution of internships across a range of mental health settings, with a focus on areas of greatest need, including community mental health and child and youth services.

Along with your response to this criterion you must complete the Activity Work Plan (template on [GrantConnect](#)). The activity work plan does not count towards the word/character limit for this criterion.

#### Applicant Response – 1000 word limit

## 7.2. Stream 1|Assessment Criterion 2

### Requested Information

#### **Efficient, effective, economical and ethical use of relevant money**

Describe how you will ensure the efficient and economical use of grants funds when delivering your grant activities.

Your response should outline how internships will be maximised within your budget, and funding will be directed toward supporting the provisional psychologist on placement and minimising administrative costs where practical.

A strong response will:

- identify how the project/activities will achieve high quality outcomes in a cost effective way, and
- demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

In addition, you must complete the indicative Activity Budget (template provided on [GrantConnect](#)).

### Applicant Response – 750 word limit

## 7.3. Stream 1|Assessment Criterion 3

### Requested Information

#### **Organisation's capacity and performance**

Describe your experience in facilitating internships relevant to activities under Section 5.1. In this criterion, you should provide details of your established connections and networks, or capacity to engage and build connections across new networks, linked to psychology graduates and the psychology community.

A strong response will identify experience in facilitating student and graduate internships and/or placements in the mental health sector.

### Applicant Response – 1000 word limit

#### 7.4. Stream 1|Assessment Criterion 4

##### Requested Information

##### Support provided to students and/or graduates in training

Describe what your organisation does to ensure students and graduates participating in internships are supported. In responding to this criterion, you should provide details of:

- your process for matching students and graduates to internships and supervisors
- processes to ensure cultural safety for First Nations and CALD students, graduates and supervisors
- processes to ensure that anyone matched to environments likely to involve children are compliant with all policies, procedures, guidelines and training related to child safety (noting that all grant recipients must comply with all Australian law relating to employing or engaging people who work or volunteer with children)
- supports provided to students and graduates during their internship (such as clinical/counselling, financial or accommodation for those undertaking placement in rural, regional and remote locations)
- feedback mechanisms to enable improved placement matching services into the future, and
- processes to ensure that supervisors appropriately convey the importance of adhering to the Commonwealth Child Safe Framework to their supervisees (who may be working in environments involving children).

A strong response will demonstrate experience and understanding of cultural competency with the communities identified (First Nations, people from CALD communities), and include cultural competency already built into business practices.

##### Applicant Response – 1000 word limit

#### 7.5. Stream 1|Assessment Criterion 5

##### Requested Information

##### Risk management

Using the Risk Management Plan template (provided on [GrantConnect](#)) outline key risks and issues that may be encountered in undertaking your organisation's proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your organisation's proposal. A strong response will include a comprehensive analysis of risk, with a minimum of six risks and mitigations identified.

##### Applicant Response

Choose an item.

## 7.6. Stream 2|Assessment Criterion 1

### Requested Information

#### Alignment with program objectives and outcomes

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1. You must demonstrate this through identifying:

- how the activities proposed in your organisation’s application overcome barriers to providing training in different regions, including non-metropolitan regions
- how your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objective and outcomes, and
- specify the number of supervisor training sessions you are able to deliver.

A strong response will:

- demonstrate how you will put in place measures to support a minimum of 50 per cent of all supervisor training sessions offered to psychologists working in services supporting priority populations, including First Nations people, CALD communities and regional, rural and remote communities.

Along with your response to this criterion you must complete the Activity Work Plan (template on [GrantConnect](#)). The activity work plan does not count towards the word/character limit for this criterion.

### Applicant Response – 1000 word limit

## 7.7. Stream 2|Assessment Criterion 2

### Requested Information

#### Efficient, effective, economical and ethical use of relevant money

Describe how you will ensure the efficient and economical use of grants funds when delivering your grant activities.

Your response should outline how training will be maximised within your budget, and funding will be directed toward supporting the training recipient and minimising administrative costs where practical.

A strong response will:

- identify how the project/activities will achieve high quality outcomes in a cost effective way, and
- demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

In addition, you must complete the indicative Activity Budget (template provided on [GrantConnect](#)).

### Applicant Response – 750 word limit

## 7.8. Stream 2|Assessment Criterion 3

Requested Information
<p><b>Organisation’s capacity and performance</b></p> <p>Describe your experience in facilitating and delivering supervisor training relevant to activities under Section 5.1. In this criterion, you should provide details of your established connections and networks, or capacity to engage and build connections across new networks and links to registered psychologists and the psychology community.</p> <p>A strong response will identify experience in delivering supervisor training in the mental health sector.</p>
Applicant Response – 1000 word limit

## 7.9. Stream 2|Assessment Criterion 4

Requested Information
<p><b>Risk management</b></p> <p>Using the Risk Management Plan template (provided on <a href="#">GrantConnect</a>) outline key risks and issues that may be encountered in undertaking your organisation’s proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your organisation’s proposal. A strong response will include a comprehensive analysis of risk, with a minimum of six risks identified.</p>
Applicant Response
<p>Choose an item.</p>

## 8. Additional Information

### 8.1. Other sources of funding

Requested Information	Applicant Response
<p><b>Does the Applicant (or any potential consortium member/s) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? *</b></p> <p><i>If ‘Yes’, provide the details below. If ‘No’ move to the next section.</i></p>	<p>Choose an item.</p>
<p>Funding source name</p>	

Requested Information	Applicant Response
e.g. Department of Health and Aged Care	
Description/name of the project e.g. Expansion of Health Services	
Amount of funding received or applied for	
Period of funding	

## 8.2. Fraud/Non-compliance

Requested Information	Applicant Response
<p><b>Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? *</b></p> <p><i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i></p>	Choose an item.

## 8.3. Joint (consortium) application

Requested Information	Applicant Response
<p><b>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</b></p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p><b>Note:</b> <i>If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</i></p>	Choose an item.
Legal name of consortium member	ABN

## 9. Attachments

Requested Information	Applicant Response
<p><b>Attachments to the Application: *</b></p> <ul style="list-style-type: none"><li>• an activity work plan, indicative budget and risk management plan as available on the <a href="#">GrantConnect</a> website</li><li>• evidence of funding strategy (e.g. financial statements, loan agreements, cash flow documents)</li><li>• evidence of support from your organisation's board, CEO or equivalent, and</li><li>• if applying as a trust, a trust deed.</li></ul> <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p>	Choose an item.

## 10. Applicant Contacts

### 10.1. Preferred authorised contact

Requested Information	Applicant Response
<b>Title *</b>	
<b>First name *</b>	
<b>Last name *</b>	
<b>Position *</b>	
<b>Telephone *</b>	
<b>Mobile</b>	
<b>Email address *</b>	

### 10.2. Alternate authorised contact

Requested Information	Applicant Response
<b>Title *</b>	
<b>First name *</b>	
<b>Last name *</b>	
<b>Position *</b>	
<b>Telephone *</b>	

Requested Information	Applicant Response
Mobile	
Email address *	

## 11. Declaration

Requested Information	Applicant Response
<p><b>Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? *</b></p> <p><i>If 'Yes', please provide details in the next response.</i></p>	Choose an item.
<p><b>Detail conflict of interest</b></p>	
<p>I declare that:</p> <ul style="list-style-type: none"> <li>• The information contained in this form is true and correct.</li> <li>• I have read, understood and agree to abide by the Grant Opportunity Guidelines.</li> <li>• I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.</li> <li>• I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.</li> <li>• I have read, understood and agree to information provided in this Application as detailed in the Use of information.</li> <li>• If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.</li> </ul> <p>I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.</p>	
Requested Information	Applicant Response
<p><b>I understand and agree to the declaration above *</b></p>	Choose an item.
<p><b>I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *</b></p>	Choose an item.
<p><b>Signature of Authorised Representative *</b></p> <p><i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i></p>	

Requested Information	Applicant Response
Full name of Authorised Officer *	
Position of Authorised Officer *	
Date *	

DRAFT