**Registration of Interest Response Template**

**Pregnancy & Parenting Education Services**

| Introduction |  |
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| * *To register your interest, please fill in this document by answering all questions and completing the conflicts of interest declaration. We do not require a detailed proposal from you at this stage.* * *This document should be read in conjunction with the attachedInvitation for Registration of Interest and Service Specification for Pregnancy & Parenting Education services.* | |

| Organisation Details | | |
| --- | --- | --- |
| * *Please provide the following details of your organisation* * *If a joint venture is proposed please complete this part for each joint venture partner* | | |
| Full name of legal entity: (If applying as an individual please enter your name) |  | |
| Type of entity: (If applying as an individual please enter ‘sole trader’) |  | e.g. Incorporated Company, Charitable Trust, etc (attach a copy of your certificate of incorporation / registration) |
| GST number (if any): |  | |
| Authorised person(s): (If applying as an individual please enter your name) | Name:  Position: | Name(s) and position(s) of person(s) authorised to enter into a contract on behalf of the organisation (Please attach evidence of authority) |
| Contact details: | Address: | |
| Contact Person:  Position: | Phone Number:  Fax Number: |
| Description of Organisational Infrastructure (E.g. organisation size, type of structure) |  |  |

| Physical Base | |
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| Do you have a physical base in Counties Manukau? | If yes, state where: |

| Localities & Priority Population | |
| --- | --- |
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| What locality(s) are you interested in delivering services in? | Franklin locality  Manukau locality  Otara/Mangere locality  Eastern locality |
| What priority population group(s) are you interested in delivering services to? | Maaori parents  Pacific parents  Teen parents |

| Organisations Experience | | |
| --- | --- | --- |
| * *Please provide the following details of your organisation(s) service delivery experience* * *If a joint venture is proposed please complete this part for each joint venture partner* | | |
| Do you provide or have you previously provided any health &/ education &/or social services to Maaori, Pacific and Teens in CMDHB community? | | Yes  No |
| Do you provide or have you previously provided any health &/ education &/or social services to Maaori, Pacific and Teens in any other community (other than the CMDHB community)? | | Yes  No |
| If the answer to 4.1 and/or 4.2 is yes, please complete the following: | | |
| Name / Location of Service: |  | |
| Briefly describe the health, education or social services services provided to Maaori, Pacifc or Teens and whether provision is current or previous: |  | |
| Population Reached (Number and Demographics of population reached): |  | |
| How long have you been providing health, education or social services services provided to Maaori, Pacifc or Teens in CMDHB region or other community? | Less than 1  1-2 years  2-3 years  3 years + | |
| Describe any experience your organisation has designing and developing services/approaches that effectively engage with hard to reach populations that don’t typically enage with health, education or social services |  | |

| Links with key stakeholders and organisations in Counties Manukau | |
| --- | --- |
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| Describe any links you have with LMCs in Counties Manukau: |  |
| Describe any links you have with primary care in Counties Manukau: |  |
| Describe any links you have with Well Child Tamariki Ora providers in Counties Manukau: |  |
| Describe any links you have with Maaori health providers in Counties Manukau: |  |
| Describe any links you have with Pacfic health providers in Counties Manukau: |  |
| Describe any links you have with teen service providers in Counties Manukau: |  |
| Describe any links you have with other relevant stakeholders and organisations |  |

| Workforce expertise, experience and capacity to deliver service requirements | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| * *Confirm if you currently have sufficient staff to provide your proposed service. If yes, provide further information on the qualifications and experience of staff member(s) who would be involved in providing the service. If no, indicate the qualifications and experience you will seek for the role(s). In the case of joint respondents, name the organisation that does or will employ that person* | | | | | | |
| Do you currently have sufficient staff that meet the requirements stated in the Service Specification? | | Yes  No | | | | |
| If the answer to 6.1 above is Yes, indicate the qualifications and experience of the staff member(s) who would be involved in providing the service. | | **Title and Brief Position Description** | | **Qualifications/ Experience** | | **Currently Employed (Yes/No)** |
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| Agreement and Acknowledgements | | | | | | |
| *By signing this completed ROI response template, the signatory represents that he/she:*   * *is duly authorised to provide this information on behalf of the organisation(s) referred to above;* * *understands and accepts that he/she is responsible for the accuracy of the response, and has satisfied himself/herself as to the accuracy, correctness and sufficiency of the information.*   *In submitting this information, providers confirm that CMDHB is authorised to seek further information on any issue from any third party source.* | | | | | | |
| **Signed on behalf of the organisation/individual submitting this information** | | | | | | |
| Name (printed) | Signature | | Position | | Date | |
|  |  | |  | |  | |

**Declaration Of Conflicts Of Interest**

| Declaration of Conflicts of Interest Form | | | | | |
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| *Potential providers of the service must disclose in writing to CMDHB any interests of which they are aware of, or become aware of, that could conflict with the submission of a proposal for this service. Please declare any interest you, your partner / spouse or child hold in relation to your provision of these services. Interests that must be disclosed include the following situations:*   * *You or a senior member of your organisation, is or has recently been employed by CMDHB;* * *You, or a senior member of your organisation has an immediate family member or relative employed by CMDHB;* * *You or a senior member of your organisation currently sits on the CMDHB Board or a CMDHB Advisory Board;* * *You, a senior member of your organisation or your organisation has given gifts, donations or sponsorship to CMDHB or a particular CMDHB employee; or* * *Your organisation is currently providing consultancy or advisory services to CMDHB (including those services currently in negotiation), or is otherwise directly associated in any way with CMDHB.*   *Appropriate management of conflicts of interest varies depending on the nature and type of conflict involved. Serious conflicts of interest may result in CMDHB refusing to consider a proposal from an organisation.* | | | | | |
| Name: |  | | Organisation: |  | |
| Services: |  | | Date: |  | |
| I have interests to declare for the purpose of this request for proposal: | | | Yes  No | (If Yes, please declare interests below) | |
| **Individual / Organisation** | | **Decription of Interst** | | | |
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| * *I have read and understood the above Conflict of Interest information. I confirm that at the date of signing this form, that the information I have disclosed is true and complete. I agree to declare any conflicts of interest that may arise in relation to this service during the request for proposal process.* | | | | | |
| Name (printed) | | Signature | Position | | Date |
|  | |  |  | |  |