7th of March 2013

Dear ATAPS service provider applicant,

The Western Sydney Medicare Local (WentWest) is seeking suitably qualified and experience clinicians to provide direct services to patients under the ATAPS (Access to Allied Psychological Services) program.

ATAPS targets services to those individuals requiring primary mental health care who are **not** likely to be able to have their needs met through Medicare subsidised mental health services. The program is designed to address service gaps in particular geographical areas and population groups. This program is designed to compliment already existing Better Access (Medicare) services.

Importantly we will be attempting to select service providers who have qualifications and experience to provide services to specific population groups as follows:

1. Aboriginal and Torres Strait Islanders
2. Perinatal and Postnatal Depression,
3. Children under 12 with mental health concerns.
4. Adults who are at risk of harm (Suicide Prevention Service)
5. People with multicultural backgrounds.

WentWest will provide an attractive (per session) remuneration and will also provide 50% of the fee for **one** session whereby the patient fails to attend or cancels with less than 24 hours notice. Additionally Wentwest will provide professional development opportunities to selected service providers.

To be eligible you must possess the following:

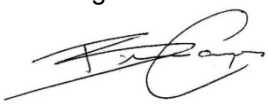
1. Be currently registered and practicing Allied Health Professional with APHRA
2. Must have professional indemnity insurance
3. Must undergo relevant criminal record check and working with children checks.
4. Must have own premises to offer service to patients.

*Submitting an expression of interest letter **does not** mean you are automatically selected as a contractor for WentWest. All candidates will need to undergo a selection process before they are appointed.*

The next step in this process is to complete the expression of interest below and provide a certified copy of your registration certificate and professional indemnity insurance. Please submit to the Mental Health Team Leader by the 31 August 2012.

It is important that you are familiar with the ATAPS service requirements. Attached to this letter is a brochure providing an overview of the ATAPS program as well as a Medicare Local postcode map. If you have any questions please do not hesitate to contact myself or the team here at WentWest.

Kind Regards



William (Bill) Campos
Senior Psychologist / Mental Health Team Leader

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Medicare Locals gratefully acknowledge the financial and other support from the Australian Government Department of Health and Ageing

WentWest Limited (ABN 80 099 255 106)

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WESTERN SYDNEY
Connecting health to meet local needs

ATAPS Provider Expression of Interest and Skills Assessment

Name:	
Organisation:	
Address:	
Secondary Address (If applicable):	
Office Phone Number:	
Fax Number:	
Mobile:	
Email Address:	

Registration

Registration Number:	
State and Governing Body	

Memberships

Professional Association	
Registration Number	
Grade of membership	
Professional Association	
Registration Number	
Grade of membership	

Practice and Organisation

Organisation/ Practice	
Position:	
Type of Clientele you will NOT see?	
Other Languages you consult in:	

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Clientele (please tick all appropriate boxes)	
❒ General ATAPS Program	❒ ATAPS Aboriginal & Torres Strait Islander
❒ ATAPS Child and Adolescent Program	❒ ATAPS Perinatal Program
❒ ATAPS Suicide Prevention Program	*Please note that each program requires specific experience, training and/or accreditation*

Areas of Expertise

Professional Development undertaken in the last 2 years:	
Date:	
Date:	

- ❒ *I understand the requirements of the ATAPS program as outlined in the cover letter and I am interested in becoming a registered provider.*
- ❒ *I have attached a certified copy of me registration certificate*
- ❒ *I have attached a copy of my professional indemnity insurance*
- ❒ *I understand that by completing this form I am agreeing to be reviewed based on the ATAPS selection criteria and that it does not guarantee registration as an ATAPS provider.*

Expression of interest for ATAPS registration (Due by Friday the 31st of August)	
Name:	
Date:	
Signature:	

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