

Expression of Interest

Interpreting for Allied Health Professionals Program

OVERVIEW

Darling Downs and West Moreton PHN has established the Interpreting for Allied Health Professionals Program to:

- support access to private allied health services by non-English speaking clients; and
- ensure interpreter services are at nil cost to allied health professionals working in private practice to communicate with people from a refugee background.

PROGRAM SUMMARY

The program is funded by Darling Downs and West Moreton PHN through a capped funding stream. Darling Downs and West Moreton PHN will administer the program within Darling Downs and West Moreton's catchment area, with interpreting services delivered by Translating and Interpreting Service (TIS) National. The program enables allied health professionals who register with the program to receive access to the following interpreting service at nil cost to the practice or to the client:

- immediate phone interpreting; and
- pre-booked phone interpreting.

Private allied health professionals who register into the program are provided access to TIS at nil cost. Ongoing delivery of the program will be determined through evaluation of the success of the program and subject to future budget approval.

ELIGIBILITY

- | | | |
|---|--------------------------|-----------------------------|
| • Allied Health Professionals eligible for the program include: | • Dieticians | • Physiotherapists |
| • Audiologists | • Dentists | • Psychologists Podiatrists |
| • Diabetes Educator | • Exercise Physiologists | • Occupational therapists |
| | • Mental Health workers | • Optometrists |
| | | • Speech Pathologists |

Allied Health Professionals who are involved in the program must agree to:

- complete cross-cultural training;
- bulk bill clients they consult with under this program or charge a minimal gap payment; and
- participate in an evaluation of the program.

Head Office

Level 1, 162 Hume Street (PO Box 81)
Toowoomba QLD 4350
P (07) 4615 0900 F (07) 4615 0999

West Moreton

Ipswich Corporate Centre, 6th Floor,
16 East Street, Ipswich QLD 4305
P (07) 3202 4433 F (07) 3202 4411

E info@ddwmpnh.com.au

www.ddwmpnh.com.au

ABN 51 605 975 602



Local Integrated
Primary Health Care

Expression of Interest Form

If you are interested in registering for the program, please complete the following form and email the completed form to TIS@ddwmpnh.com.au. For more information, please contact Francene Bain on 07 4615 0900.

**please list all practices and providers you would like to use this service.*

NAME: _____

PROFESSION: _____

PRACTICE NAME/S*: _____

PRACTICE ADDRESS/S*: _____

MAILING ADDRESS (IF DIFFERENCE FROM ABOVE): _____

PHONE: _____

EMAIL: _____

ABN: _____

I confirm that I am not a recipient of other interpreting services and I provide services within the Darling Downs and West Moreton PHN catchment.

I agree to:

- have my contact details featured on the Darling Downs & West Moreton PHN website,
- complete cross-cultural training within 12 months of being approved for the Interpreting for Allied Health Professionals trial program,
- bulk bill/charge minimal gap fee for refugee clients who I consult with as part of this program,
- participate in an evaluation of the program,
- keep the TIS client code provided by Darling Downs & West Moreton PHN confidential and only use it in relation to the provision of services within my practice.

Signature: _____ Date: _____

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