Health Service Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of hospital or health service | | | | |
|  | | | | |
| Requesting officer |  | | Position | |
|  |  | |  | |
|  | |  | |  |

Contract Details

Please provide details of the HPV contract/s for which the on-selling is being sought.

|  |  |
| --- | --- |
| HPV contract name and number: | 1. – 2. – 3. – 4. – 5. – 6. – 7. – 8. – 9. – 10. - (insert as required) |

On-selling Details

Please provide details of entity for which the exemption is sought.

|  |  |
| --- | --- |
| Legal Name: |  |
|  |  |
| Address: | -  - |
|  |  |
| Primary Contact: | * Name * Position |
|  |  |
| Contact Details: | * Mobile and Office Phone Number * Email address |
|  |  |
| Delivery Address;  (If different to above) | -  -  - |

Authorised by CEO:

Please print completed form for authorisation. Once signed, please scan and return to [exemptions@hpv.org.au](mailto:exemptions@hpv.org.au)

|  |  |  |
| --- | --- | --- |
| **Signature** | **Name** |  |
|  |  |
| **Date** |  |

Details of the On-selling

Please detail what on-selling will be taking place, specifying the product(s) and/or service(s).

|  |
| --- |
| 1. **What is the reasoning for the on-selling** 2. **What products are being offered?** 3. **Describe the impact on the health service or organisation** 4. **Why is this exemption being proposed? And what are the benefits?** |

Please specify the duration of on-selling that you are seeking:

**Less than 12 months**

**12 months to 3 years**

**On-going until otherwise advised**

Confidentiality Agreement

By putting forward the request to on-sell goods or services from a HPV Collective Agreement we confirm to establish a confidentiality agreement with the purchasing entity to protect the HPV suppliers’ rights.

**Agree**  **Do not agree**

Financial Impact

Will the on-selling of the goods and/or services be charged at a margin to the receiving entity?

Yes No

If yes, please provide details of what margin is to be applied:

|  |  |
| --- | --- |
| List margin to be applied |  |
|  |  |

Conflict of Interest

A Conflict of Interest (CoI) exists when it is likely that a person influencing the decision to purchase from a local business instead of from the HPV contract has an actual, perceived or potential opportunity to favour their own interest or the interest of a third party. An Actual CoI could be a family member who owns or is employed by the local business. A Potential CoI would be a known upcoming opportunity that has not yet occurred. A Perceived CoI could be that your good friend is employed by the local company, but you have no direct involvement.

A declared CoI does not mean that the exemption application will be rejected. However a CoI Management Plan must be attached with the exemption application for HPV to review on a case by case basis.

Have you assessed if there is any Conflict of Interest within your health services with regards to this application?

**Yes - Actual CoI**  **Yes - Potential CoI**  **Yes – Perceived CoI**

**No CoI Exists**  **Not Assessed**

If you answered Yes (whether Actual, Potential or Perceived), please provide details below and attach your CoI Management Plan.

|  |
| --- |
|  |

Additional Information

Please provide any other relevant additional information to support your application.

|  |
| --- |
| 1. **Any additional benefits to the health service or hospital and/or consumers, if not discussed above.** 2. **Is there any impact or likely impact to any other health service or hospital?** |

Supporting Documentation

Participating health services requesting approval from HPV to on-sell HPV contracted products and services to other health services or related services must provide HPV with the following supporting information in addition to this application:

* Name of HPV Collective Agreements affected
* Estimated value of the products to be sold for each Agreement involved
* Name, address, and contact details of the buying organisation
* Reason for the service being provided
* A copy of the draft confidentiality agreement between the health service and the buyer with adequate inclusions to protect the confidentiality of HPV contract information.