## Health Service Details:

**Name of Health Service:**

|  |
| --- |
|  |

**Requesting Officer and Position:**

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| --- |
|  |

## Contract Details:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **HSV Contract Name and Number:** | **Name, address and contact details of the buying organisation** | **What products are going to be offered?** | **Estimated value of the products to be sold for each Collective Agreement involved** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## On-selling Details:

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

**Legal Name:**

|  |
| --- |
|  |

**Address:**

|  |
| --- |
|  |

**Primary Contract Name and Position:**

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| --- |
|  |

**Primary Contact Details (Phone, Email):**

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| --- |
|  |

**Delivery Address:**

|  |
| --- |
|  |

## Details of On-selling

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

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| --- |
| 1. *What is the reasoning for the on-selling* 2. *What are the impacts on the health service/hospital?* 3. *What are the benefits from this exemption for both the health service/hospital in question and also any other related health services?* |

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 HSV Collective Agreement we confirm to establish a confidentiality agreement with the purchasing entity to protect the HSV suppliers’ rights.

|  |  |
| --- | --- |
| Agree | Do not agree |

## Additional Supporting Information

Health services requesting approval from HSV to on-sell HSV contracted products and services to other health services or related services must provide HSV with a copy of the draft confidentiality agreement between the health service and the buyer with adequate inclusions to protect the confidentiality of HSV contract information.

## 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 of margins to be applied:**

|  |
| --- |
|  |

## Conflict of Interest

A Conflict of Interest (CoI) exists when it is likely that a person influencing the decision to on sell to a local business instead of from the HSV contract has an actual, perceived or potential opportunity to favour their own interest or the interest of a third party. A declared CoI does not mean that the application will be rejected. However, a CoI Management Plan must be attached with the application for HSV 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 Col | Yes – Potential CoI | Yes – Perceived CoI |
| No Col Exists | Not Assessed |  |

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

|  |
| --- |
|  |

## Health Service Accountable Officer Authorisation

Authorised by Accountable Officer: Please print completed form for authorisation. Once signed, please return to [compliance@healthsharevic.org.au](mailto:compliance@healthsharevic.org.au).

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

# More information

Related documents and templates are available on the HSV website.

# Disclaimer

The information presented in this document is general in nature and based on HealthShare Victoria’s interpretation of the *Health Services Act 1988 (Vic)* and any ancillary legislation and regulations in effect at the time and should not be relied upon as legal advice. Please consider seeking professional and independent advice from your legal representative as to the applicability and suitability of this information and the legislation to your own business needs or circumstances.