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

|  |  |  |
| --- | --- | --- |
| **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.