

Key Templates

Templates for Preparing Parliamentary Documents

Templates to be used for preparing documents for Ministerial offices are available through the New Office Document facility on your PC. Templates have been developed fit for purpose and have been standardised to ensure consistency across the Ministerial team.

Templates available to assist in drafting parliamentary documents include:

1. Question Time Brief

2a. Ministerial Submission - Standard

2b. Ministerial Submission – Administrative Arrangements

2c. Ministerial Submission – Appointments

2d. Ministerial Submission – Approval of Grant

2e. Ministerial Submission – Release of Report

3a. Ministerial Briefings – Event Brief

3b. Ministerial Briefings – Information Brief

3c. Ministerial Briefings – Meeting Brief

4a. Ministerial Correspondence – MP reply

4b. Ministerial Correspondence – Standard reply

5a. Parliamentary Question on Notice – House of Representatives

5b. Parliamentary Question on Notice – Senate

6. Senate Estimate Answer to Question

As templates are updated on a regular basis, it is highly recommended that users access the most current version of the template through Microsoft Word\New Document or Template\Parliamentary on their PC.

Question Time Brief

TEMPLATE

Keep short and relevant.

Current Issue:

- *Explain the current issue (reference media, date if applicable). Text in this section is to be Italic Arial 12pt, black, single spaced.*
- *This section 2 dot points maximum.*

Key Facts:

- The points included in this section should be flat and factual and may include current status, who is impacted by the issue, headline funding amounts, key statistics, prevalence data, noting of milestones or relevant key background information on the issue – all as appropriate.
- Should be summarised and in a coherent order.
- Text in this section is to be in Arial 12pt, single spaced.

NB: Use of sidelining:

Department to left sideline to indicate updated information throughout the document (with the exception of the boxed key facts, which should be in red text).

The Current Issue and Key Facts MUST fit on one page only. No exceptions.

Index No

Question Time Brief

2

Background content should be logically categorised, under headings where appropriate, to enable important information to be found quickly. This page must be 1 page maximum.

Background:

- Background on this page may detail further relevant information, chronology of events, or lists of projects etc.
- Where relevant, flat and factual representation of important deliverables; the details of investments (location, amount, results); details of spending, i.e. Budget allocations; breakdown of location of services/programs by location/area; links to other programs/departments/jurisdictional activities may be provided.
- Background information could also include further relevant key statistics about the topic – such as statistics on the results of the program (i.e. number of Immunisations), or research on the subject area (i.e. prevalence of that condition).
- If appropriate – a table could be incorporated on this page to summarise information.
- Sub headings may be used to order the information.
- Text is to be in Arial 12pt, black, single spaced. Headings to be in Arial Black 12pt.

Contact Officer: Clearance Officer for Departmental Input:	Phone: Phone:	Branch/Division: Outcome:	Date Created: 16 September 2013 Updated on: Last Reviewed:
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Index No

For Official Use Only
MINISTERIAL SUBMISSION



Australian Government
Department of Health and Ageing

CC:

MINISTER <NAME >

Critical Date: <critical date if required>

Reason: provide a succinct explanation of the reason for the critical date, including (if relevant) implications if the date is not met. The critical date must reflect an actual legitimate deadline.

TITLE OF SUBMISSION – STANDARD

RECOMMENDATION: Please note that recommendations must be clear, self standing and tailored to accurately reflect the requirements of the Submission.

R1. That you NOTE <enter details >

Noted

R2. That you SIGN <enter details >

Signed/Not Signed

R3. That you APPROVE <enter details >

Approved/Not Approved

<MINISTER'S NAME >

Note: Modify the recommendations above to reflect what action is required by the Minister (eg SIGN or NOTE, etc.. NOT 'SIGN/NOTE/APPROVE')

MINISTER'S COMMENTS:

ISSUE:

BACKGROUND:

RELEVANCE TO ELECTION COMMITMENTS:

COMMENT:

Sensitivity:

Financial Implications:

Timing/Handling (including legislative changes):

Consultations:

No divisions or agencies were consulted in the preparation of this Submission **OR**
<enter name of division or agency> was consulted in the preparation of this Submission. Delete one option.

The Secretary/Deputy Secretary was / was not consulted on the approach of this Submission.
Delete one option.

COMMUNICATION ACTIVITIES:

There are no community awareness opportunities relating to this item **OR**
A copy of this Submission was provided to the Communication Strategy and Services Unit. Community awareness activities for this item/issue will be discussed between your advisers and the Communication Strategy and Services Unit. Delete one option.

Health Communications has been consulted in the production of the media release. Delete sentence if not relevant.

Clearance Officer details: <insert name >
 <insert position >
 <insert Division / Branch >

ATTACHMENTS:

MINISTERIAL SUBMISSION – ADMINISTRATIVE ARRANGEMENTS



Australian Government
Department of Health and Ageing

cc: _____

MINISTER <NAME>

Critical Date: <critical date if required>

Reason: provide a succinct explanation of the reason for the critical date, including (if relevant) implications if the date is not met. The critical date must reflect an actual legitimate deadline.

TITLE OF MINISTERIAL SUBMISSION – ADMINISTRATIVE ARRANGEMENTS

RECOMMENDATION: Please note that recommendations must be clear, self standing and tailored to accurately reflect the requirements of the Submission.

- R1. That you NOTE <enter details > Noted
- R2. That you SIGN <enter details > Signed/Not Signed
- R3. That you APPROVE <enter details > Approved/Not Approved

<MINISTER'S NAME >

Note: Modify the recommendations above to reflect what action is required by the Minister (eg SIGN or NOTE, etc.. NOT 'SIGN/NOTE/APPROVE')

MINISTER'S COMMENTS:

ISSUE:

BACKGROUND:

RELEVANCE TO ELECTION COMMITMENTS:

COMMENT:

Sensitivity:

Financial Implications:

Timing/Handling (including legislative changes):

Consultations:

The Secretary/Deputy Secretary was / was not consulted on the approach of this Submission.
Delete one option.

Clearance Officer details: <insert name >
 <insert position >
 <insert Division / Branch >

ATTACHMENTS:

For Official Use Only
MINISTERIAL SUBMISSION - APPOINTMENT



Australian Government
Department of Health and Ageing

cc:

MINISTER <NAME >

Critical Date: <critical date if required>

Reason: provide a succinct explanation of the reason for the critical date, including (if relevant) implications if the date is not met. The critical date must reflect an actual legitimate deadline.

TITLE OF MINISTERIAL SUBMISSION - APPOINTMENT

RECOMMENDATION: Please note that recommendations must be clear, self standing and tailored to accurately reflect the requirements of the Submission.

- | | |
|---------------------------------------|-----------------------|
| 1. That you NOTE <enter details > | Noted |
| R2. That you SIGN <enter details > | Signed/Not Signed |
| R3. That you APPROVE <enter details > | Approved/Not Approved |

<MINISTER'S NAME >

Note: Modify the recommendations above to reflect what action is required by the Minister (eg SIGN or NOTE, etc.. NOT 'SIGN/NOTE/APPROVE')

MINISTER'S COMMENTS:

APPOINTMENT DETAILS:

BACKGROUND:

**GOVERNMENT POLICY: GENDER BALANCE ON AUSTRALIAN GOVERNMENT
BOARDS:**

COMMENT:

Sensitivity:

Remuneration/Financial Implications: <delete if not applicable >

Timing/Handling: <delete if not applicable >

Consultations:

No divisions or agencies were consulted in the preparation of this Submission **OR**
<enter name of division or agency> was consulted in the preparation of this Submission. Delete one
option.

The Secretary/Deputy Secretary was / was not consulted on the approach of this Submission.
Delete one option.

COMMUNICATION ACTIVITIES:

Clearance Officer details: <insert name >
 <insert position >
 <insert Division / Branch >

ATTACHMENTS:

For Official Use Only
MINISTERIAL SUBMISSION – APPROVAL OF GRANTS



Australian Government
Department of Health and Ageing

cc:

MINISTER <NAME >

Critical Date: <critical date if required>

Reason: provide a succinct explanation of the reason for the critical date, including (if relevant) implications if the date is not met. The critical date must reflect an actual legitimate deadline.

TITLE OF MINISTERIAL SUBMISSION – APPROVAL OF GRANT

RECOMMENDATION: Please note that recommendations must be clear, self standing and tailored to accurately reflect the requirements of the Submission.

R1. That you NOTE <enter details >

Noted

R2. That you SIGN <enter details >

Signed/Not Signed

R3. That you APPROVE <enter details >

Approved/Not Approved

<MINISTER'S NAME >

Note: Modify the recommendations above to reflect what action is required by the Minister (eg SIGN or NOTE, etc.. NOT 'SIGN/NOTE/APPROVE')

MINISTER'S COMMENTS:

ISSUE:

BACKGROUND:

RELEVANCE TO ELECTION COMMITMENTS:

COMMENT:

Sensitivity:

Financial Implications:

Compliance with Commonwealth Grant Guidelines:

the grant funding an organisation/ recipient within your electorate?

YES NO

If yes, a letter is attached for your signature advising the Minister for Finance and Deregulation that this funding falls within your electorate.

Timing/Handling:

Consultations:

No divisions or agencies were consulted in the preparation of this Submission **OR**
<enter name of division or agency> was consulted in the preparation of this Submission. Delete one option.

The Secretary/Deputy Secretary was / was not consulted on the approach of this Submission.
Delete one option.

COMMUNICATION ACTIVITIES:

There are no community awareness opportunities relating to this item **OR**

A copy of this Submission was provided to the Communication Strategy and Services Unit. Community awareness activities for this item/issue will be discussed between your advisers and the Communication Strategy and Services Unit. Delete one option.

Health Communications has been consulted in the production of the media release. Delete sentence if not relevant.

Clearance Officer details: <insert name >
 <insert position >
 <insert Division / Branch >

ATTACHMENT:

For Official Use Only
MINISTERIAL SUBMISSION – RELEASE OF REPORT



Australian Government
Department of Health and Ageing

CC:

MINISTER <NAME >

Critical Date: <critical date if required>

Reason: provide a succinct explanation of the reason for the critical date, including (if relevant) implications if the date is not met. The critical date must reflect an actual legitimate deadline.

TITLE OF MINISTERIAL SUBMISSION - RELEASE OF REPORT

RECOMMENDATION: Please note that recommendations must be clear, self standing and tailored to accurately reflect the requirements of the Submission.

- | | |
|---------------------------------------|-----------------------|
| 1. That you NOTE <enter details > | Noted |
| R2. That you SIGN <enter details > | Signed/Not Signed |
| R3. That you APPROVE <enter details > | Approved/Not Approved |

<MINISTER'S NAME >

Note: Modify the recommendations above to reflect what action is required by the Minister (eg SIGN or NOTE, etc.. NOT 'SIGN/NOTE/APPROVE')

MINISTER'S COMMENTS:

REPORT DETAILS:

TIMING:

SUMMARY OF KEY FINDINGS:

ANALYSIS OF KEY FINDINGS:

COMMUNITY AWARENESS:

There are no community awareness opportunities relating to this item **OR**
A copy of this Submission was provided to the Communication Strategy and Services Unit. Community awareness activities for this item/issue will be discussed between your advisers and the Communication Strategy and Services Unit. Delete one option.

Health Communications has been consulted in the production of the media release. Delete sentence if not relevant.

BACKGROUND:

CONSULTATIONS:

No divisions or agencies were consulted in the preparation of this Submission **OR**
<enter name of division or agency> was consulted in the preparation of this Submission. Delete one option.

The Secretary/Deputy Secretary was / was not consulted on the approach of this Submission.
Delete one option.

CONTACT OFFICER:

The officer in the Department responsible for handling all queries relating to this report is: <insert name and phone number of relevant contact officer >

ATTACHMENTS:

Ensure a complete copy of the report is attached.

Key messages Key message for the Minister to deliver.

Contentious issues <if applicable - Please consider whether other areas of the Department may have input in this space >

Supporting
facts
Background

<key background info only - put supporting info in Attachment >
<e.g. who does the org/individuals represent? >
<key statistics- e.g. incidence rate of disease/condition >

Funding

TOTAL PROJECT COST
<don't leave blank - use 'nil' if appropriate >
COMMONWEALTH FUNDING - CAPITAL & RECURRENT
<don't leave blank - use 'nil' if appropriate >
STATE FUNDING
<don't leave blank - use 'nil' if appropriate >
COMBINED STATE/COMMONWEALTH FUNDING
<don't leave blank - use 'nil' if appropriate >
OTHER FUNDING
<don't leave blank - use 'nil' if appropriate >

Media

<list of media invited/attending >
<provide as attachments any media releases from the organisation >

Consultation

<Please ensure other appropriate areas of the Department are consulted in the development of this brief and list Divisions that provided input >

Department
contact

<key departmental contact for the MO, with full knowledge of the issue >
Ph: <include area codes >

Clearance

Clearance officer: <full name, title and position > Ph: <include area codes > Date: <dd mm yyyy >	Contact Officer: <key departmental contact for the MO, with full knowledge of the issue > Ph: <include area codes >
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<Note, if the event being held has an Indigenous component involving Minister Snowden, including if it is being held in an Indigenous Community, please ensure the brief is also cleared through O.ATSIH (send to "O.ATSIH Briefs") and the relevant O.ATSIH contact details are included above. An appropriate staff member from the relevant program area should also be available to attend the event with the Minister. >

Attachments:

A: Standard Statistics for State / Electorate

B: Location Map & Directions

C: Mental Health: If the event is related to a mental health issue or with a mental health stakeholder, please include as attachments the one page fact sheet on NPA Projects and the current status of operational and announced headspace sites in the relevant state. *<if not required delete this attachment >*

Attachment A: Standard Statistics for State/Electorate

< if requested by MO - indicated on request form >

< contact Economic & Statistical Analysis Branch (statistics@health.gov.au) for input and advice >

Key Statistics

ELECTIVE SURGERY

STATE	\$ million	Plan
Stage 1		
Stage 2		
Stage 3		

PRIVATE HEALTH INSURANCE

STATE

Australia

Percentage of population		
--------------------------	--	--

Source: *Private Health Insurance Administration Council, June 2010.*

ELECTORATE STATISTICS

	Electorate 1	STATE	Australia
2010-11 General Practitioners (GPs)			
FTE ² :Population Ratio			
Medicare Benefits Scheme (MBS)			
2010-11 Bulk billing rate of non-referred GP attendances by electorate residents			
2010-11 MBS Funding per person			

Notes:

¹ This data is based on the 2010 Commonwealth Electorate Division boundaries unless indicated otherwise.

² Full-time equivalent.

Attachment B: Location Map & Directions

<compulsory>



Australian Government
Department of Health and Ageing

INFORMATION BRIEF

MINISTER: <Minister Name>

ADVISER: <MO Adviser Name>

TITLE OF BRIEF

Issue

Key Facts

Background

Clearance

<p>Clearance officer: <full name, title and position > Ph: <include area codes > Date: <dd mm yyyy></p>	<p>Contact Officer: <key departmental contact for the MO, with full knowledge of the issue > Ph: <include area codes ></p>
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Attachments: <list all attachments >



Australian Government

Department of Health and Ageing

For Official Use Only

MEETING BRIEF

MINISTER: <Minister Name>

ADVISER: <MO Adviser Name>

TITLE OF BRIEF

Person/
Organisation

Purpose of Meeting <discuss with MO/Organisation if necessary>

Date Time

Venue

Travelling time from airport to location <delete this section if meeting is at Parliament House or Electorate office >

Parking facilities <may also refer to Attachment B - map & directions >
<delete this section if meeting is at Parliament House or Electorate office >

List of Attendees <include brief profile of each >
Background <key background info only - put supporting info in Attachment >
<e.g. who does the org/individuals represent? >
<key statistics- e.g. incidence rate of disease/condition >
<utilise organisation web pages for general background information >

Try to keep this to one page.

Key issues to be raised at meeting

Key Messages for Minister to Deliver

<for discussion in meeting >

-

Key Issues likely to be raised by the organisation / individual

NB. If the meeting purpose or issues to be discussed is not clear, contact the organisation to seek further information so as to limit the preparation of unnecessary briefing material

<Please consider whether other areas of the Department may have input in this space >

Issue 1

Current Situation / Key Facts (Keep brief. If additional background required, include as attachment)

Suggested Response

-
-

Issue 2

Current Situation / Key Facts

Suggested Response

-
-

[Continue with each issue]

Department contact

<key departmental contact for the MO, with full knowledge of the issue >

Consultation

<Please ensure other appropriate areas of the Department are consulted in the development >

<of this brief and list Divisions that provided input >

Clearance

Clearance officer: <full name, title and position > Ph: <include area codes > Date: <dd mm yyyy >	Contact Officer: <key departmental contact for the MO, with full knowledge of the issue > Ph: <include area codes >
---	--

Attachments:

A: Supporting Information <if not requested/applicable delete the attachment >

B: Mental Health: If the meeting is related to a mental health issue or with a mental health stakeholder, please include as attachments the one page fact sheet on NPA Projects and the current status of operational and announced *headspace* sites in the relevant state. <if not required delete this attachment >

Attachment A: Supporting Information

<f required - e.g. Map & Directions (compulsory), Agenda, further background etc >



Minister's Name
Minister for XXX

MP name
Member for XXX
Ministerial title (if applicable)

Parliament House
CANBERRA ACT 2600

Dear MP name

Thank you for your representations of ... on behalf of regarding

Once again, thank you for writing.

Yours sincerely

Minister's Name

Encl

Ministerial Number:

Action Officer:

Clearance Officer:

Division/Branch:

Outcome:



Minister's Name
Minister for xxx

Name
Address
Address

Dear Mr Surname

Thank you for your letter of regarding

Once again, thank you for writing.

Yours sincerely

Minister's Name

Encl

Ministerial Number:

Action Officer:

Clearance Officer:

Division/Program:

Outcome:

HOUSE OF REPRESENTATIVES QUESTION

QUESTION NUMBER:

DATE ASKED:

DATE DUE TABLING:

Xxx asked the Minister for xxx, in writing, on :

MINISTER'S NAME - The answer to the honourable member's question is as follows:

HOUSE OF REPRESENTATIVES
PARLIAMENTARY QUESTION IN WRITING

Number:
Date asked:

Cleared by:

Name:
Position:
Division:
Date:
Phone (w):
Outcome:

Contact Officer:

Name:
Phone (w):
Branch:

Minister

The attached proposed answer is submitted for clearance.

First Assistant Secretary Date

Director
Parliamentary Date

Cleared for Tabling

Minister for xxx Date

SENATE QUESTION

QUESTION NUMBER:

DATE ASKED:

DATE DUE TABLING:

SENATOR xxx asked the Minister representing the Minister for xxx, upon notice, on :

SENATOR Name (Senator representing the Minister) – The Minister for xxx has provided the following answer to the honourable senator's question:

SENATE

PARLIAMENTARY QUESTION ON NOTICE

Number:

Date asked:

Cleared by:

Name:

Position:

Division:

Date:

Phone (w):

Outcome:

Contact Officer:

Name:

Phone (w):

Branch:

Minister

The attached proposed answer is submitted for clearance.

First Assistant Secretary

Date

Director
Parliamentary

Date

Cleared for Tabling

Minister for xxx

Date

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2013-14, Date

Question: E13-

OUTCOME:

Topic:

Type of Question: Hansard Page, Date

Senator:

Question:

Answer:

SENATE ESTIMATES

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

Budget Estimates 2013-14, Date

Number: E13-
Topic:
Outcome:

Cleared by:

Name:
Position:
Division:
Phone (w):

Contact Officer:

Name:
Phone (w):

Minister

The attached proposed answer is submitted for information.

First Assistant Secretary/CEO Date

Director
Parliamentary Date

Noted

Adviser / Minister Date

Acronyms and Glossary

A list of acronyms and glossary terms likely to be found within the Department's information has been compiled by the Departmental Library from Departmental websites, annual reports and lists prepared by various Divisions within the Department. This list can be found on the Department's website under the A – Z listing.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Glossary>

Where a term has a broader general meaning, the definition given refers to its use in the Department's context. For an authoritative source of health-related definitions used in Australia, see the Health and Ageing Thesaurus and the Australian Institute of Health and Welfare's National Health Data Dictionary. Also see Medspeak Terms on the Medical Library Association website.