



**Australian Government**

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**Department of Health**

# **RADIATION ONCOLOGY HEALTH PROGRAM GRANTS SCHEME**

## **APPLICATION FORM**

A new facility  
Expansion in capacity (additional linear accelerator)  
Relocation  
Replacement equipment

**For approval of a new health service under section 41 of the *Health Insurance Act 1973*  
and for a variation of an approved health service to include additional service locations,  
additional equipment, relocation of a facility and replacement of equipment.**

Note: an organisation must be an approved organisation under section 40 of the  
*Health Insurance Act 1973*

## Information for Applicants

### About the Scheme

The Radiation Oncology Health Program Grants (ROHPG) Scheme provides a contribution from the Commonwealth Government towards the capital cost of high value linear accelerators (linacs) used to provide radiation oncology services.

The Scheme is administered through the approval of health services and payment of health program grants under Part IV of the *Health Insurance Act 1973* (the Act).

ROHPGs are available to public and private radiation oncology providers.

Once an organisation has been approved by the Minister under Section 40 of the Act, it may apply for approval of a health service under Section 41 of the Act. Approval of a health service enables the payment of health program grants in relation to that health service. For the purposes of the ROHPG Scheme, an approved health service is the provision of radiation oncology services at a particular location or locations using specified radiation oncology equipment.

This application form is for use by organisations which have been approved under Section 40 of the Act to seek approval of:

1. **New approved health service (new facility)** – where an approved organisation which does not currently hold an approval under Section 41 of the Act seeks approval of the provision of radiation oncology services as an approved health service.
2. **Expansion of capacity of existing approved health service** – where an approved organisation, which holds a Section 41 approval to provide radiation oncology services as an approved health service, seeks variation of the approved health service to include additional linacs not included in the existing approved health service.
3. **Relocation** –to relocate a service location specified in an existing approved health service to another physical location.
4. **Replacement equipment** –to replace a linac specified in an existing approved health service with another linac.

### Assessing Applications

The ROHPG Guidelines provide information on the assessment criteria that apply to applications for approval of a health service. Additional information may be sought from applicants prior to a decision being made. Applicants should not assume approval will be granted.

All ROHPG applications should be either mailed or scanned and emailed to:

**Director  
Radiation Therapy and Medical Indemnity Section  
Department of Health  
MDP 951, GPO Box 9848  
CANBERRA ACT 2601  
Email: [radiation.oncology@health.gov.au](mailto:radiation.oncology@health.gov.au).**

Enquiries can be directed to the above email address.

## AUSTRALIAN PRIVACY PRINCIPLE 5 NOTIFICATION

The Australian Government Department of Health (**Department**) is bound by the *Privacy Act 1988* and the Australian Privacy Principles (APPs).

The Department is collecting this personal information about you to for the purposes of determining eligibility for and administering the Radiation Oncology Health Program Grants Scheme in accordance with Part IV of the *Health Insurance Act 1973*. The collection of this information is authorised by section 41(2) of the *Health Insurance Act 1973*.

If you do not provide this information, the Department will be unable to process and assess your organisation's application.

The Department may disclose this information to State and Territory governments for the purposes of administering the Radiation Oncology Health Program Grants Scheme. The Department may, subject to consent, publish the name and location of service locations included in the approved health service on the Department's website. The Department will not disclose your personal information to overseas recipients.

The Department has an APP privacy policy which you can read at

<http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy>

You can obtain a copy of the APP privacy policy by contacting the Department using the contact details set out at the end of this notice. The APP privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of
  - the APPs; or
  - a registered APP code that binds the Department; and
- how the Department will deal with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au).

**Name and postal address of organisation applying for funding**

(Name)

(Street number and name)

(Town/City)

(State)

(Postcode)

**1. Organisation details**

Type of Organisation:  Public  Private  
(Please select one)

(ABN or ACN)

**2. Nominated contact officer**

(Name)

(Position in Organisation)

(E-mail)

(Telephone)

(Mobile)

Type of application	Please mark with 'X'
New facility (complete Criteria 1-5)	<input type="checkbox"/>
Expansion of capacity (complete Criteria 1-5)	<input type="checkbox"/>
Relocation of existing facility (complete Criteria 1-5)	<input type="checkbox"/>
Replacement equipment (complete Criteria 2, 3 and 5)	<input type="checkbox"/>

**Planned operational date**

  

dd mm yy

**Application for Approval of a Health Service under Part IV of the *Health Insurance Act 1973***

To: the Minister for Health (Commonwealth)

*(Name of organisation)*

of

*(Address of applicant organisation)*

being an approved organisation within the meaning of Part IV of *Health Insurance Act 1973*, hereby makes application under subsection 41(1) for approval of the health service described in the Schedule, being a health service provided, or to be provided, by the organisation.

**SCHEDULE**

Type of application	Equipment (s)	Number of units	ROHPG number(s) (if replacement or relocation)	Date decommissioned (if replacement)	Reason for replacement or relocation
New facility			N/A	N/A	N/A
Expansion of capacity			N/A	N/A	N/A
Relocation of existing facility				N/A	
Replacement					

*(Address at which services are to be provided)*

Dated this  day of  20

*(Name and Position of authorised person)*

*(Signature of authorised person)*

## Assessment Criteria

This section lists the standard assessment criteria your application will be assessed against. It contains boxes for you to enter the information to address the assessment criteria. Refer to Clauses 5.1, 5.2 and 6 of the ROHPG Scheme Administrative Guidelines for further information about each criterion. If you complete the form as an electronic Word document, the boxes will expand as you type the information. The information in *italic* type in the boxes is provided as a guide for you as the matters you should address or demonstrate in order to satisfy the particular criterion. Please delete the *italic* type before submitting your application.

### Criterion 1: Eligible equipment

*For each linac to be covered by the approval or variation, please specify:*

- linac manufacturer*
- linac model*
- linac serial number*

*Location Specific Practice Number (LSPN) of premises at which the linac is, or will be, located*

### Criterion 2: Patient access

*Please provide information that demonstrates:*

- you have notified the relevant State and/or Territory Governments that you are submitting an application for ROHPG funding; and*
- service locations are consistent with supporting patient access to radiation oncology based on identified priority areas.*

### Criterion 3: Services must be affordable

*The information you provide here should show that the fees you intend to charge for services which form part of the approved health service will not result in out-of-pocket costs that may affect patient access to radiation oncology services. This should include information about offering Medicare bulk-billing arrangements for concessional patients.*

### Criterion 4: Multidisciplinary and patient-centred care

*The information you provide here should demonstrate that the proposed approved health service will form part of an integrated cancer management system including, but not limited to, medical oncology, surgery and allied health services i.e. multidisciplinary care.*

*Please provide details regarding:*

- arrangements and referral basis, if any, with the relevant specialists;*
- clinical oncologists and surgeons networked into services;*
- details of links to other centres, particularly for on-referral or discussion on complex cases;*
- access to in-patient care; and*
- access to other associated follow-up care for patients.*

## Criterion 5: Commencement Date

*Please specify the proposed date by which service locations and specified equipment under the proposed approved health service will be operational and able to commence treating patients. For a new facility, this should be no later than two years from the date of approval.*

### Declaration and authorisation (please complete for all application types)

I

- 1) **DECLARE** that to the best of my knowledge, the information in this application is true and correct in every detail.
- 2) **AUTHORISE** the Department of Health to, if the application is approved, publish the name and location of service locations included in the approved health service on the Department's website.

Giving false or misleading information is a serious offence.

*(Name and Position of authorised person)*

*(Signature)*

Dated this

day of

20