



Australian Government

Department of Health

RADIATION ONCOLOGY HEALTH PROGRAM GRANTS SCHEME

APPLICATION

For approval of an 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 organisations and 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.

Before consideration can be given to whether to approve a health service, the organisation which will be providing the service must first be approved by the Minister under Section 40 of the Act. Once approved, an organisation may then apply to provide an 'approved health service' under Section 41 of the Act. 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 organisations seeking approval under Section 40 of the Act.

Provision of additional information

Section 40 of the Act enables the Minister (or their Delegate) to require an organisation that makes an application under Section 40 of the Act to provide such further information in relation to the organisation as the Minister (or their Delegate) requires.

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.

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 40(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 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.

HEALTH INSURANCE ACT
APPLICATION FOR APPROVAL AS AN ORGANISATION UNDER PART IV

To: the Minister for Health (Commonwealth)

(Name of applicant organisation)

of

(Address of applicant organisation)

hereby makes application under subsection 40(1) of the *Health Insurance Act 1973* for approval as an organisation under Part IV of that Act.

Dated this day of 20

(Name of authorised person)

(Signature of person authorised to sign application)

(Position in organisation)

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)