Enterprise Order Request

This Enterprise Order Request (EOR) (including its attachments) is issued by [*insert IProvider name and ABN*] (the **IProvider**) to the Commonwealth of Australia as represented by the Department of Health & Aged Care (**Health)** in accordance with clause 15 of the [Head Agreement](https://www.health.gov.au/resources/publications/panel-head-agreement) dated [*insert date of execution*].

In this EOR, except where the context otherwise requires, terms used have the meaning given in this Head Agreement and clause and provision references are references to this Head Agreement unless otherwise stated.

This EOR will become an Enterprise Order when the Commonwealth approves the EOR in accordance with clause 15(b)(iii) of this Head Agreement, and the Enterprise Order includes any changes to the original Enterprise Order required by the Commonwealth in accordance with that clause.

# Details

| Item | Description | Details |
| --- | --- | --- |
|  | IProvider contact details  (Name, email and contact number) |  |
|  | Full legal business name of Enterprise  (Including ABN) |  |
|  | Full address where vaccines are to be administered |  |
|  | Full vaccine delivery location address/ site ID/ contact name:  **Note:** Vaccines are delivered to the IProvider’s respective state head office. Where a state office doesn’t exist, an alternative location (except the enterprise location) is to be stated subject to storage/cold chain requirements being met |  |
|  | Delivery location - have storage/ cold chain requirements been met (state yes/no) |  |
|  | Enterprise sector  (e.g Manufacturing, Education, Finance etc) |  |
|  | IProvider services to be provided (COVID-19 or COVID-19/Flu-co-administered) |  |
|  | IProvider team composition for EOR |  |
|  | Vaccine type(s) requested |  |
|  | Vaccine quantity requested |  |
|  | Anticipated vaccine services business day start & end date/s.  (do not state a month only).    **Note:** Business Day start date must commence 10 business days after submission of the EOR  e.g if EOR is submitted Tues 2 Apr 24, start date will be Mon 15 Apr 24 |  |
|  | Requested business day delivery date for each location specified at Item 5.  Note: Business day start date must be 10 business days after submission of the EOR |  |
|  | Services charge |  |
|  | Liability Cap for this EOR |  |
|  | Any other information |  |

The IProvider warrants that:

* it will not charge the enterprise for the vaccines supplied under this EOR
* the IProvider may charge for its services in administering the vaccine)
* neither the Iprovider or the enterprise will impose any charge in respect of either the vaccine or its administration directly on an individual person being vaccinated; and
* the IProvider’s agreement with the enterprise incorporates terms that are consistent with these warranties.

**Signed as an agreement DATED:**  **………………………………………(Commonwealth delegate use only**)

|  |  |
| --- | --- |
| **SIGNED** for and on behalf of **the Commonwealth of Australia** as represented by the Department of Health & Aged Care (ABN 83 605 426 759): | |
| ………………………………………………………  (Name of authorised representative)    (Position of authorised representative)    (Signature of authorised representative) | In the presence of    (Name of witness)    (Signature of witness) |
| **EXECUTED** by [insert IProvider’s name and ABN]in accordance with section 127(1) of the *Corporations Act 2001* (Cth) by authority of its directors: | |
| ………………………………………………………….  Name of director/ company secretary\*  \*delete whichever is not applicable | ………………………………………………………….  Signature of director/ company secretary\*  \*delete whichever is not applicable |