

Expression of Interest Form for Private Practitioners

Introduction

Private practitioners need to fulfil the following requirements. Please be advised the fee for service may change subject to service funding agreements between Melbourne City Mission (FRMP) and the Department of Health and Human Services (DHHS).

Essential criteria

- Proof of registration to the applicable Board / Association in relevant area of practice
- Professional Indemnity Insurance
- Proven ability to work with vulnerable young people (16 to 25)
- Current Police Check
- Current Working with Children Check
- Current CV

Please note

- Inclusion on the Private Practitioner Register does not give rise to an employment relationship between the contractor/practitioner and Melbourne City Mission.
- Inclusion on the Private Practitioner Register is not an exclusivity agreement and there is no minimum work offered or guaranteed.
- Practitioners must include copies of supporting documents as listed above

How to send the form

Please email this completed form to frmp@mcm.org.au along with supporting documents (registration, insurance, police check, WWC and CV).

Please note: this form is designed to be filled electronically

Part 1: Contact Details

Please provide your contact details below:

Name	
Gender	M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Practice Address	
Postal Address	
LGA region	<input type="checkbox"/> Metro East <input type="checkbox"/> Metro West, including Melbourne CBD <input type="checkbox"/> Metro North <input type="checkbox"/> Metro South <input type="checkbox"/> Grampians <input type="checkbox"/> Barwon South West <input type="checkbox"/> Loddon Mallee <input type="checkbox"/> Gippsland <input type="checkbox"/> Hume
Contact Numbers	Mobile: Office Number:
Email	
Website	

Part 2: Professional Accreditation

Please provide your Working with Children Check and police check details below:

Working with Children Check	Number: (Please notify FRMP of Working with Children Check number on receipt of your card) Expiry Date: Or I am a registered teacher in Victoria and my teaching registration number is Expiry Date:
Police Check	<input type="checkbox"/> Yes (please attach a copy of it) <input type="checkbox"/> No Issue Date:

Please provide your current accreditation and level of accreditation	Accreditation Number	Accreditation Expiry
--	----------------------	----------------------

Your police check has to be issued no more than six months before you submit your application. Please be mindful that this check is requested only once for registration.

You must advise us of any changes to your criminal history, including if you are:

- Charged with an offence punishable by 12 months imprisonment or more, or
- Convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas

Please provide your current accreditation and level of accreditation below:

Accreditation	Acceptable Associations	Your accreditation (please provide a scanned copy of registration)	Minimum level	Your level
Psychologist	AHPRA (Australian Health Practitioner Regulation Agency) & Psychology Board of Australia		Full Membership	
Counsellor	ACA (Australian Counselling Association)		Level 3	
Psycho- therapist	PACFA (Psychotherapy & Counselling Federation of Australia)		Clinical Membership	
Family Therapist	AAFT (The Australian Association of Family Therapy)		Clinical Membership	
Family Mediator	AMA (The Australian Mediation Association)		Registered under the National Mediator Accreditation System	
Art Therapist	ANZACATA (The Australian, New Zealand and Asian Creative Arts Therapies Association)		Professional category	
Music Therapist	AMTA (Australian Music Therapy Association)		Professional registration as a practicing member	
Mental Health Social Worker	AMHSW (Australian Mental Health of Social Workers)		Accredited Mental Health Social Worker	
Occupational Therapist	AHPRA (Australian Health Practitioner Regulation Agency)		Accredited Occupational Therapist	

Part 3: Business Details and Availability

Please provide the following details:

BUSINESS NAME <small>(As shown on invoice)</small>			
ABN	BSB	Account Number	
Are you the business owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Registered Provider under the Mental Health Care Plan Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Gap payment	\$		
Business Insurer <small>(please attach a copy of your current insurance certificate)</small>			
Insurance Expire Date			
Indemnity Insurance Amount	\$		
Rate per session (GST exclusive) for health care card holders	\$		
Cost of unattended/cancelled session (GST exclusive)	\$		
Outreach	<input type="checkbox"/> Yes <input type="checkbox"/> I confirm that I am aware of the potential risks of outreach appointments <input type="checkbox"/> No		
Availability	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Evenings		

Part 4: Practice Approach and experience

Please select your speciality areas

- ☐ **Family and relationships** - domestic/family violence, family mediation, parenting issues
- ☐ **Mental wellbeing** - depression, anger, anxiety, stress management, loss/grief, complex behavioural problems
- ☐ **Trauma** - including post-traumatic disorder, sexual assault
- ☐ **Developmental & Disabilities** - attention deficit, hyperactivity disorder, autism, bullying, criminal behaviour, decision making capacity, anger issues, conduct disorder
- ☐ **LGBTIQ**
- ☐ **Culturally and Linguistically Diverse (CALD)**
- ☐ **Aboriginal and Torres Strait Islander (ATSI)**
- ☐ **Clinical assessment** - neurological assessments, diagnosis of acquired brain injury
- ☐ **Alternative therapies** - music therapy, arts therapy, animal therapy, sensory interventions, play therapy
- ☐ **Addiction** - gambling, drugs, alcohol

Other languages spoken

Part 5: Other Specialty Areas

- ☐ Public Speaking Details:
- ☐ Published Work Details:
- ☐ Group work/group program facilitation Details:
- ☐ Training and/ or reflective practice sessions Details:

Part 6: FRMP Website

Please note that your contact and practice details will be listed publicly on FRMP web page.

- ☐ Yes, I understand it is my responsibility to ensure my contact details are up to date
- ☐ Yes, I do not want the following information to be put on the website:

Fee Guidelines

Whilst FRMP is respectful of the skills and training of those practitioners wishing to support these young people, FRMP would also ask that practitioners are mindful of the limitations of FRMP funding by agreeing not to charge the program more than their standard fees.

	Acceptable Association	Minimum level	Max cost per session (GST exclusive)
Psychologist	AHPRA (Australian Health Practitioner Regulation Agency) & Psychology Board of Australia	Full Membership	\$155.00
Counsellors and Psychotherapist	ACA (Australian Counselling Association)	Level 3	\$110.00
	PACFA (Psychotherapy & Counselling Federation of Australia)	Clinical Membership	\$110.00
	ARCAP (The Australian Register of Counsellors and Psychotherapists)	Division A: Clinical Registrants, or Division B: Level 2	\$110.00
Family Therapist	AAFT (The Victorian Association of Family Therapies)	Clinical Membership	\$120.00
Family Mediator	AMA (The Australian Mediation Association)	Registered under the National Mediator Accreditation System	\$120.00
Art Therapist	ANZACATA (The Australian, New Zealand and Asian Creative Arts Therapies Association)	Professional category	\$120.00
Music Therapist	AMTA (Australian Music Therapy Association)	Professional registration as a practicing member	\$120.00

Mental Health Social Worker	AASW (Australian Association of Social Workers)	Accredited Mental Health Social Worker registered with Medicare	\$130.00
Occupational Therapist	AHPRA (Australian Health Practitioner Regulation Agency)	Accredited Occupational Therapist	\$155
Other e.g. Psychiatric Nurse			

FRMP Brokerage Invoicing Guidelines

When invoicing FRMP please ensure the following are included:

- The FRMP client reference number of the young person **(provided by FRMP funding confirmation)**
- The session number i.e. session 1 of 10.
- Clearly marked if the session was attended or not
- The invoice must be sent to FRMP within two weeks of the session date

Please note:

- Payments are preferable by EFT
- Payments may take up to 4 weeks to be processed

Checklist

- ☐ I have read the FRMP Brokerage guidelines and agree to the rates for sessions, expectations for practitioners, and invoicing requirements.
- ☐ I have attached all required supporting documents (registration, insurance, police check, WWC and CV).
- ☐ I will inform FRMP by writing of any changes to any details I supplied in this application.
- ☐ I accept the responsibility to inform FRMP any changes to my criminal history
- ☐ I acknowledge that the above is true and correct.

Name

Date

Please do not print and scan this document. It is to be filled out electronically.