

Tasmanian Role Delineation Framework and Clinical Services Profile:

Application Form

APPLICANT INFORMATION

Prepared by:

Cleared and lodged by: Please see note below (click to enter text)

PLEASE NOTE: All applications must be cleared and lodged by the highest level delegate within your organisation (e.g. THS Exec or Dep Sec).

THS Clinical Service Stream: Click to enter text

Clinical Service: Click to enter text

Email: Click to enter text

Phone number: Click to enter text

I authorise the submission of this application:

By selecting a date below, you indicate authorisation through electronic submission.

Select date for electronic authorisation

APPLICATION TYPE (please select)

Amendments to service description

- Correction and update of typographical errors
- Amendments to service/ workforce requirements wording and/or service level descriptors

Update existing service

- Update to one service only with no impact on other services
- If it is a support service level amendment, information must be provided on the impact and sustainability of other services
- Service and workforce requirement amendments that impact on the change of the clinical service level

Add new Service or update service with significant changes

- A **new** statewide service and/or support service
- Changes and updates to the service that affect multiple services and/or TRDF/CSP

SERVICE CHANGE DESCRIPTION

Click to enter text

EVIDENCE BASE

Please outline: (if applicable)

- Reason for the Application, specifically addressing the points according to application type listed above
- Any funding/purchasing implications including per annum costing for additional FTE and resourcing
- Any workforce implications
- Sustainability of service level change/increase
- Any other relevant financial or service-related implications
- For a new service: short description provided on the implementation milestones and timeframes

Click here to enter text

Additional information to support the Application

(including relevant documentation)

Click here to enter text.

Once completed and signed, please submit this form to peter.maree@health.tas.gov.au