**Mental Health Capacity Building Project**

**Expression of Interest**

### **Expression of Interest Form**

Incomplete applications will not be accepted.

This EOI will close on October 7th, 2022

#### Applicant details

*Please print clearly and legibly.*

|  |  |
| --- | --- |
| Organisation name | Click here to enter text. |
| Service/Program name | Click here to enter text. |
| Applicant’s name | Click here to enter text. |
| Position title | Click here to enter text. |
| Email address | Click here to enter text. |
| Phone number | Click here to enter text. |
| Service Manager’s name (or ‘as above’) | Click here to enter text. |
| Manager’s title | Click here to enter text. |
| Manager’s email address | Click here to enter text. |

#### Service details

|  |  |
| --- | --- |
| Does the service prioritise any community or population? Please give details. | Click here to enter text. |
| Type of service, for instance; residential treatment, short term withdrawal management etc. | Click here to enter text. |
| Would the service be considered regional/rural or metropolitan? If service is delivered across multiple locations, would all be included?  | Click here to enter text. |
| Why are you applying to become engaged in this project? |
| Click here to enter text. |
| What strategies does the service already have in place for working with people who have co-occurring AoD and mental health support needs? If none, write Not applicable |
| Click here to enter text. |
| What outcome would you like to see for your service as a result of participating?  |
| Click here to enter text. |

**To be completed by the applicant**

|  |  |
| --- | --- |
| Signature |  |
| Applicant name | Click here to enter text. |
| Date | Click here to enter text. |

**To be completed by the applicant’s manager**

[ ]  I support this application as detailed above.

|  |  |
| --- | --- |
| Signature |  |
| Manager’s name | Click here to enter text. |
| Date | Click here to enter text. |

#### Eligibility checklist

[ ]  The organisation/service is a current financial member of NADA

[ ]  Applicants must have the organisational support and capacity to conduct this project.

#### Allocation limitations

[ ]  Only one application is being lodged

Submit your application to sarah@nada.org.au

If you do not receive confirmation of receipt of your application within five working days,

please email Sarah