

Respite Service Provider Expression of Interest Submission

To express your interest in having your facility registered to receive Carer Gateway respite referrals, please complete this form and send to serviceproviders@wellways.org

Contact name:

Position/title:

Email:

Phone number:

Organisation name:

Organisation Head Office street address:

Suburb:

Postcode:

Service location(s):

Service type:

In-home respite and/or supports

Residential respite (e.g. SIL, STA)

Aged Care Facility

Other, e.g. Transport service, Retreat

Certifications – do you have:

NDIS Registration (issued by NDIS Quality and Safeguards Commission) or

Aged Care Registration (issued by Aged Care Quality and Safety Commission)

NAPS ID

None

Terms and conditions

I have read and agree to the **terms and conditions**

For more information, contact us: serviceproviders@wellways.org