

**ALLIED HEALTH &  
NURSING PROVIDER INFORMATION**

Please return via email to [directors@encompasshealthservices.com.au](mailto:directors@encompasshealthservices.com.au) or call 0423055016 for assistance.

| PROVIDER DETAILS  |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>ABN:</b>   |  |                                   |  |
| <b>COMPANY/TRADING/PROVIDER NAME:</b>   |  |                                   |  |
| <b>MEDICAL PROFESSION / SERVICES OFFERED:</b> (e.g. OT, Physio, Speech Pathologist, Dietitian, etc) |  |                                   |  |
| <b>STREET ADDRESS:</b>  |  |                                   |  |
| <b>CONTACT PERSON:</b>  |  |                                   |  |
| <b>PHONE NUMBER:</b>  |  | <b>MOBILE NUMBER:</b>             |  |
| <b>REFERRAL / ORDER EMAIL ADDRESS:</b> (if applicable)  |  |                                   |  |
| <b>ENQUIRIES EMAIL ADDRESS:</b> (related to patient's treatment)                                    |  |                                   |  |
| <b>ADDITIONAL SERVICES AND/OR EXPERIENCE:</b> (e.g. home visits, languages spoken)                  | <input type="checkbox"/> Home Visits <input type="checkbox"/> In Clinic Appointments<br><input type="checkbox"/> Languages spoken (please list):<br><b>Experience working with:</b><br><input type="checkbox"/> CALD – People from culturally and linguistically diverse backgrounds<br><input type="checkbox"/> INDIGENOUS – People from Aboriginal and Torres Strait Islander communities<br><input type="checkbox"/> FSD – People who are financially and socially disadvantaged<br><input type="checkbox"/> R&R – People who live in rural and remote areas<br><input type="checkbox"/> LGBTI – People who are lesbian, gay, bisexual, transgender and intersex<br><input type="checkbox"/> HOMELESS – People who are homeless, or at risk of becoming homeless<br><input type="checkbox"/> Other: |                                   |  |
| <b>COVERAGE AREAS (SUBURBS):</b>  |  |                                   |  |
| REGISTRATION / INSURANCES / POLICE CHECKS   |  |                                   |  |
| Please supply copies of the following   |  |                                   |  |
| <b>POLICE CHECKS:</b>   | <input type="checkbox"/> Previously Provided   | <input type="checkbox"/> Attacehd |  |
| <b>WORKING WITH CHILDREN/BLUE CARD:</b>   | <input type="checkbox"/> Previously Provided   | <input type="checkbox"/> Attacehd |  |
| <b>APPLICABLE INSURANCES:</b> (public liability, professional indemnity etc)                        | <input type="checkbox"/> Previously Provided   | <input type="checkbox"/> Attacehd |  |
| <b>VENDOR INTEGRITY SCREENING:</b>  | <input type="checkbox"/> Previously Provided   | <input type="checkbox"/> Attacehd |  |
| <b>PROFESSIONAL REGISTRATION/ LICENCES:</b>   | <input type="checkbox"/> Previously Provided   | <input type="checkbox"/> Attacehd |  |