



## **Athlete Support Service Providers**

# **EXPRESSION OF INTEREST**

**2011 - 2012**

# South West Academy of Sport Athlete Support Service Providers Expression of Interest 2011 - 2012

## Overview

The South West Academy of Sport (SWAS) is seeking qualified professionals to help with the training and development of talented athletes in the South West of Western Australia

A key strategy in the delivery of support services to athletes within the region is the establishment of a register of providers in the areas of:

- Exercise physiology
- Physiotherapy - Injury prevention and recovery
- Sports nutrition
- Strength and conditioning
- Sports psychology

Since commencing operations in late 2008 SWAS partnerships include 7 sport program partners as well as an individual athlete scholarship program.

Individuals or organisations wanting to be considered for the 2011/2012 financial year should register by submitting an application form (available via email) along with their resume detailing their qualifications (including level of accreditation if applicable), experience, provision of services to sporting groups, fees for service and a list of at least two referees.

Applicants must have or obtaining a working with children clearance.

Closing date for submissions is 9<sup>st</sup> May 2011.

To: South West Academy of Sport

PO Box 696 Bunbury, WA, 6231

For more information contact Megan Pollard on 9795 4504 or [info@swaswa.com.au](mailto:info@swaswa.com.au)

## Submission

Expression of Interest's (EOI) must be submitted using this form. Please include any attachments or references as requested.

The completed EOI should be sent to the SWAS mailbox by close of business by **9<sup>th</sup> May 2011**.

Late submission of an EOI will NOT be considered.

## Conditions

Please ensure you provide all the required information to support your EOI. SWAS reserves the right to seek additional information as required.

EOI, questions should be sent to [info@swaswa.com.au](mailto:info@swaswa.com.au).

Hard-copy documents should be sent to:

**South West Academy of Sport**

**PO Box 696**

**BUNBURY WA 6231**

**PART A – Essential Criteria**

**A.1 General Contact Information**

<i>Business Name</i>	
<i>Postal Address</i>	
<i>Contact Name</i>	
<i>Phone Numbers</i>	
<i>Email Address</i>	
<i>Website Address</i>	
<i>Fax Number</i>	
<i>ABN of Provider</i>	
<i>Are you GST Registered</i>	YES / NO

**Please provide contact details for the person who will act as the primary contact for the business.**

<b>Primary contact</b>	
<i>Name</i>	
<i>Position</i>	
<i>Phone number</i>	
<i>Email address</i>	

**A.2 Does the Provider have public liability and professional indemnity insurance. If Yes, Please detail the amount of cover.**

**Insurance**

<i>Cover</i>	
<i>Amount</i>	
<i>Expiry</i>	

**A.3 Does the Provider have a Working with Children Check (WWC). If Yes, Please detail the amount of cover. (Please provide copy of working with children check card.)**

<i>WWC Number</i>	
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**PART B – PREFERRED INFORMATION**

**B.1 Which of the following athlete support services does the Provider’s services address** (indicate by typing an “x” in the appropriate box – you may tick more than one.)

<input type="checkbox"/>	Exercise Physiology	<input type="checkbox"/>	Physiotherapy Injury - Prevention & recover	<input type="checkbox"/>	Sports Nutrition	<input type="checkbox"/>	Strength & Conditioning	<input type="checkbox"/>	Sports Psychology
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**B.2 Provider’s accreditation to deliver these services. (Please supply support documents.)**

**B.3 Provider’s additional courses completed.**

**B.4 Outline the Provider’s experience in delivery these services to sporting groups and individuals. (300 words Max)**

**B.5 List any relevant Provider and/or professional body memberships. (100 words maximum)**

**B.6 Describe the programs/activities offered by the provider (300 words Max)**

- Content covered, the structure and method of delivery
- goals and objectives of program/activities
- current capacity to deliver the program/activity
- written resources that may be provided to athletes
- maximum recommended participants for each program/activity

**B.7 How do the Provider’s services support long term behaviour change. (eg. Does the provider offer multiple sessions, or referral points.)**

**B.8 Outline any issues of conflict that could affect the administration of the SWAS program?**

**PART C – FEES FOR SERVICE**

SERVICE	FEE	PER HOUR/ATHLETE/GROUP ETC

**PART D – REFEREES**

D.1 Provide a least two contactable referees.

<b>Referee 1</b>	
Name	
Position	
Phone number	
Email address	

<b>Referee 2</b>	
Name	
Position	
Phone number	
Email address	

**PART E – ACCEPTANT OF TERMS AND CONDITIONS (please X and sign)**

- I confirm that the information in this application is true and correct to the best of my knowledge.
- I understand that inclusion on the register does not necessarily mean a Provider’s services will be used.
- I understand that Providers on the register will be invited to participate in further procurement processes before their services are used.

If the above details are correct and you accept the terms and conditions outlines in this form, please sign this agreement below.

**IMPORTANT:** The signatory must be the Provider or an authorised officer of the Providers.

Submission of this signed form and the attached terms and conditions signifies acceptance of all terms and conditions of the Expression of Interest.

**Acceptance of terms and conditions for and on behalf of the Provider:**

Signature Provider/authorised officer	
Date	
Name of Provider/authorised officer	
Title	

**PART F –CHECK LIST**

Please check your application carefully against the following checklist before submitting the application:

- Provider’s Resume
- Provider’s Accreditation Documents
- Provider’s Working with Children Card

**PART G –SUBMIT YOUR APPLICATION**

Return your completed form to:

[info@swaswa.com.au](mailto:info@swaswa.com.au) with “Expression of Interest “in the subject line or South West Academy of Sport, PO Box 696, BUNBURY WA 6231