



**Instructions**

Please complete the following form to express your interest in partnering with South West Academy of Sport as a medical service provider. Submit the completed form by **30 June 2025** to [info@swaswa.com.au](mailto:info@swaswa.com.au).

**Applicant Information**

Organisation Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Social Media: \_\_\_\_\_

**Services Offered**

Please indicate the services your organisation provides (tick all that apply):

- Sports Physiotherapy
- Sports Medicine
- MSK testing
- Injury Prevention and Rehabilitation
- General Practice Support
- Nutrition and Dietetics
- Psychology and Mental Health Services
- Concussion Management
- Remedial Massage
- Strength and Conditioning
- Sport specific baseline testing
- Other: \_\_\_\_\_

**Experience and Qualifications**

Briefly describe your experience working with athletes or youth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Partnership with South West Academy of Sport

- Bulk Billed (No out of pocket cost)
- No GAP Payment (No out of pocket cost)
- Discounted (Please provide details below)
- Full Cost (Please provide full list of services/charges)
- Other: \_\_\_\_\_

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Please list relevant professional registrations and qualifications:

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**Documentation**

- Do you hold a WWCC?
- Do you have a National Police Clearance?
- Do you have Hicaps facilities?

**Service Delivery**

Can you provide services in person, online, or both?

- In Person    Online    Both

Do you travel for your services (Please provide details and any associated costs)?

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**Additional Information**

Please include any other relevant information, case studies, or testimonials:

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**Declaration**

I declare that the information provided in this Expression of Interest is true and correct to the best of my knowledge.

Name:

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Signature:

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Date:

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