# 2019 NADC

# Centre of Excellence

# Expression of Interest

*Please type your details into the below form - no handwritten applications will be accepted*

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| ***Name of Service*** |  |
| ***Hospital / Institution Name*** |  |
| ***NADC Organisation Number***(Leave blank if not known) |   |
| ***Applicant Contact Details*** | Name: Email address: Work phone: Mobile phone:  |
| ***OTHER*** | Is your Centre an NADC current member: * Yes
* No
* Unsure

What is your member category: * Centre of Excellence
* Tertiary Service
* Secondary Service
* Primary Service

Has your organisation achieved NADC standard accreditation?* Yes Please state the year awarded: \_\_\_\_\_\_\_\_
* No *(Please note that standard accreditation is required to be eligible to apply for COE)*
* Unsure
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| **Briefly explain why your organisation would like to be recognised as an NADC Centre of Excellence:**  |
|  |

Completed Expression of Interests forms are to be submitted via email to:

**admin@nadc.net.au**