# 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**