

CENTRE OF EXCELLENCE

EXPRESSION OF INTEREST (EOI) FORM

ORGANISATION

Name of Service

Hospital/Institution Name

APPLICANT CONTACT DETAILS

Name

Email Address

Phone

ADDITIONAL INFORMATION

Is your Centre a current NADC Member **YES** **NO**

If no, sign us up (membership required) **YES**

What is your member category?

NADC organisation number *(leave blank if not known)*

Has your organisation achieved NADC Standard accreditation? **YES** **NO**

Yes (Please state the year awarded)

No (Please note that standard accreditation is required to be eligible to apply for COE)

Unsure

Briefly explain why your organisation would like to be an NADC Centre of Excellence

Completed Expression of Interest forms are to be submitted by email to: admin@nadc.net.au

*****(application fee due a minimum of 2 weeks prior to commencement of the accreditation round)**