

# Respite Service Provider Expression of Interest Submission

To express your interest in having your facility registered to receive Carer Gateway respite referrals, please complete this form and send to [serviceproviders@wellways.org](mailto:serviceproviders@wellways.org)

Contact name:

Position/title:

Email:

Phone number:

Organisation name:

ABN:

Organisation Head Office street address:

Suburb:

Postcode:

Service location(s):

Service type:

- In-home respite and/or supports  Residential respite (e.g. SIL, STA)  
 Aged Care Facility  Other, e.g. Transport service, Retreat

Certifications – do you have:

- NDIS Registration (issued by NDIS Quality and Safeguards Commission) or  
 Aged Care Registration (issued by Aged Care Quality and Safety Commission)  
 NAPS ID  None

Terms and conditions

- I have read and agree to the [terms and conditions](#)

For more information, contact us: [serviceproviders@wellways.org](mailto:serviceproviders@wellways.org)