



Contact details update form

Community Nursing Providers

To ensure you receive important Community Nursing Program information and resources you need to update your information and points of contact. Please fill in this form and return to NMBCN@dva.gov.au. For further information, please visit www.dva.gov.au/providers/community-nursing

We are requesting a generic contact point for distribution of program information and DVA resources within each organisation. It is useful if this role and a generic email can be provided in larger organisations to ensure publications and resources reach the right people.

Provider details

Full legal name (as it appears on your contract):		
ABN and ACN (if applicable):	ABN:	
	ACN:	
Trading name:		
Registered address:		
Mailing address:		
Contact person for <u>contract management</u> :	Name:	
	Position:	
	Email:	
	Tel:	
Distribution point for the <u>Community Nursing Bulletin and DVA Resources</u>	Contact person:	
	Name of responsible area:	
	Email: (e.g. info@provider.com)	
	Tel:	

Sub-contractor details

(Complete this information **only** if you are sub-contracting service delivery)

Contractor legal name and ABN	Legal name:	
	ABN:	
Trading name:		
Registered address:		
Principal place of business (street address):		
Email address:		
Services to be delivered by subcontractor (for example, Clinical/ Personal/ Specialist (specify)):		