

HAWKE'S BAY REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 3.5 FTE clinical intervention (General and/or Māori services) • 2.0 FTE public health (General and/or Māori services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Hawkes Bay region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	

TARANAKI REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 1.0 FTE clinical intervention (General services) • 1.0 FTE public health (General and/or Māori services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Taranaki region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	

MANAWATU / WHANGANUI REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 1.5 FTE clinical intervention (General and/or Māori services) • 2.5 FTE public health (General and/or Māori services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Manawatu / Whanganui region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	

WELLINGTON REGION	
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 7.5 FTE clinical intervention (General, Māori and/or Pacific services) • 5.5 FTE public health (General, Māori, Pacific and/or Asian services) 	
INFORMATION REQUIRED	PROVIDER INFORMATION
A	<p>Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Wellington region</p> <p style="text-align: center;">YES / NO</p>
CLINICAL INTERVENTION PURCHASE UNITS	
B	<p>Please clearly identify the clinical intervention purchase units your organisation proposes to deliver</p>
C	<p>Please record the number of clinical intervention FTE your organisation proposes to deliver</p>
D	<p>Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services</p>
PUBLIC HEALTH PURCHASE UNITS	
E	<p>Please clearly identify the public health purchase units your organisation proposes to deliver</p>
F	<p>Please record the number of public health FTE your organisation proposes to deliver</p>
G	<p>Please clearly identify the average price per FTE that you propose to deliver the public health Services</p>

TASMAN / NELSON / MARLBOROUGH REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 1.5 FTE clinical intervention (General and/or Māori services) • 1.0 FTE public health (General and/or Māori services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling across the Tasman / Nelson / Marlborough region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	

CANTERBURY / WEST COAST REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 6.5 FTE clinical intervention (General and/or Māori services) • 6.0 FTE public health (General, Māori and/or Asian services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Canterbury / West Coast region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	