# **Submission form**

## Your details

|  |  |
| --- | --- |
| This submission was completed by: *(name)* | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Organisation *(if applicable)*: | Click or tap here to enter text. |
| Organisation address: *(street/box number)* | Click or tap here to enter text. |
|  *(town/city)* | Click or tap here to enter text. |
| Role *(if applicable)*: | Click or tap here to enter text. |

## Privacy

We may publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry’s website, please tick this box:

[ ]  Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act. If you want your personal details removed from your submission, please tick this box:

[ ]  Remove my personal details from responses to Official Information Act requests.

## Please return this form:

By email to: PPDFconsultation@health.govt.nz

# Consultation questions

The Ministry of Health is seeking comments on the following.

## Application guidelines

* + 1. Are the guidelines clear and easy to follow?
* Yes
* No. If not, what areas need improvement?

Click or tap here to enter text.

* + 1. Do you agree to the proposed funding allocation per region (please also refer to FAQs)?
* Yes
* No. If not, is there anything else we should be considering for the regional allocation?

Click or tap here to enter text.

* + 1. Do you agree with the proposed tiering system?
* Yes
* No. If not, are there any disadvantages you see with the system?

Click or tap here to enter text.

## Application form

* + 1. Is the information being requested in the application form reasonable and of easy access for your organisation?
* Yes
* No. If not, please provide details and potential areas for improvement.

Click or tap here to enter text.

* + 1. Is the information contained in the application form easy to follow, with clear description of the required information and process to submit a proposal?
* Yes
* No. If not, please provide details and potential areas for improvement.

Click or tap here to enter text.

## PPDF assessment tool

* + 1. Are the Capacity and Capability areas in the tool reflective of the operations of your organisation?
* Yes
* No. If not, are there any missing areas or areas which are not relevant for your organisation?

Click or tap here to enter text.

* + 1. Is the tool easy to use?
* Yes
* No. If not, are there any specific ways in which we could make the tool simpler and easier to use?

Click or tap here to enter text.

## Tiering tool

* + 1. Do you agree with the overall purpose of the tiering tool? Please also refer to FAQs
* Yes
* No. If not, please provide details.

Click or tap here to enter text.

## Any other comments

9. Are there any other comments you would like to make regarding the proposed PPDF process, and its associated documents?

Click or tap here to enter text.