National Mental Health and Wellbeing Study of Police and Emergency Services

Request for Tender

PROJECT NO.: 7504

ISSUE DATE: Saturday, 27 August 2016

CLOSING DATE: 5.00pm (AEST), Friday, 23 September 2016
Please note that late responses will not be accepted

EMAIL ADDRESS: Tenders are to be lodged by email only to procurement@beyondblue.org.au
1 About this Request for Tender (RFT)

1.1 Aim

*beyondblue* is a national, independent, not-for-profit organisation working to prevent depression, anxiety and suicide and to support people affected by them by increasing community awareness and understanding, decreasing stigma and discrimination, encouraging help-seeking and supporting people’s access to the right care at the right time.

*beyondblue* is currently undertaking the National Mental Health and Wellbeing Study of Police and Emergency Services (*Study*). The Study aims to provide a detailed understanding of the mental health of current and former personnel in police and emergency services throughout Australia and the occupational, workplace and other factors that can influence their mental health and wellbeing. It has three Phases:

- **Phase 1** is currently underway and is an exploratory qualitative study designed to understand the experiences of current and former employees of police and emergency services, and their partners and families, in respect of factors that contribute to positive and negative mental health outcomes in their workplaces.
- **Phase 2** is a knowledge generation project involving a nationally representative survey of police and emergency services personnel. This Phase aims to understand and measure the prevalence of common mental health conditions and wellbeing in these workplaces, the extent of key risk and protective factors, and stigma and help-seeking behaviours among this population.
- **Phase 3** is a knowledge translation project intended to identify evidence-based practical solutions for translating the findings from Phases 1 and 2 into practical improvements in the mental health of police and emergency services personnel across Australia.

The target population of the Study is current and former employees and volunteers in ambulance, fire and rescue, police and state emergency services (SES) in Australia, and their family members.

The findings of the Study will be used to influence the work of the *beyondblue* Police and Emergency Services Program (Program) and influence policy and practice within the police and emergency services sector and among governments (State and Federal) responsible for these frontline services.

This Request for Tender (RFT) is an invitation to service providers (*Service Provider*) to submit a tender (*Tender Submission*) for Phases 2 and 3 (*the Project*) of the Study. Details of the services required are described in the Tender Brief in Schedule One.

The Study represents an exciting opportunity to establish a comprehensive understanding of the mental health of a complex population group in Australia. We understand it is a ‘world first’ undertaking in terms of its national scale, inclusion of four police and emergency service types, and focus on multiple issues relating to wellbeing, mental health and suicide risk. The police and emergency services sector and broader community are already invested and supportive of the Study, creating a unique opportunity for *beyondblue* and the successful Service Provider to make a real impact on the wellbeing of police and emergency services personnel and their families.

1.2 Communications

(a) The Service Provider must direct all enquiries in relation to this RFT, including any questions or requests for clarification, to the *beyondblue* Legal and Contracts Support Officer, via email to procurement@beyondblue.org.au, with National Mental Health and Wellbeing Study of Police and Emergency Services, Project 7504 in the subject line.
(b) Unauthorised communication with other beyondblue employees and its advisors may lead to disqualification from the tender process.

(c) The Service Provider must register interest/intent to submit on the RFT by emailing procurement@beyondblue.org.au by 5.00pm (AEST) Monday 12 September 2016 to be eligible to submit a Tender Submission. The email is to include the name, title, organisation name, email address and telephone number of the key contact for communication during the tender process. Recipients will receive a return email acknowledging interest has been registered.

1.3 Questions

(a) beyondblue will hold a question and answer session about the Study on Tuesday, 13 September 2016 via teleconference. Registered Service Providers may submit questions prior to or during the meeting. To RSVP, please email procurement@beyondblue.org.au by 5.00pm (AEST) Monday 12 September 2016.

(b) Prior to the closing date of the RFT, all questions received from a Service Provider, and the subsequent answers to such questions, will be shared amongst all Service Providers as addenda to this RFT.

(c) beyondblue may refuse to answer any question received after the due date for submission of questions.

2 The RFT process

2.1 RFT process timetable

The expected timetable for this RFT process, subject to change at beyondblue’s discretion, is:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>RFT issued</td>
<td>Saturday, 27 August 2016</td>
</tr>
<tr>
<td>Registration of interest</td>
<td>5.00pm (AEST) Monday, 12 September 2016</td>
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<tr>
<td>Question and answer session (teleconference)</td>
<td>12.00pm – 1.30pm (AEST) Tuesday, 13 September 2016</td>
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<tr>
<td>Last date for Service Providers to submit enquiries and questions</td>
<td>5.00pm (AEST) Friday, 16 September 2016</td>
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<tr>
<td>Last date beyondblue will provide a response to enquiries and questions</td>
<td>12 noon (AEST) Monday, 19 September 2016</td>
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<tr>
<td>Closing date*</td>
<td>5.00pm (AEST) Friday, 23 September 2016</td>
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<tr>
<td>Evaluation and shortlisting of Service Providers</td>
<td>Week commencing 3 October 2016</td>
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<tr>
<td>Presentations from/discussions with shortlisted Service Providers</td>
<td>Week commencing 24 October 2016</td>
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<tr>
<td>Negotiations with preferred Service Provider</td>
<td>Week commencing 7 November 2016</td>
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<tr>
<td>Execution of contract</td>
<td>December 2016</td>
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<tr>
<td>Project planning meeting with successful Service Provider</td>
<td>Week commencing 5 December 2016</td>
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2.2 Conduct of the RFT

*beyondblue* reserves the right, in its absolute discretion, to:

(a) at any time during the RFT process, accept or reject any conforming or non-conforming Tender Submission;
(b) engage in discussions with any Service Provider for the purpose of clarifying the Tender Submission;
(c) at any time amend the timetable (including the closing date) or any other requirements of this RFT;
(d) at any time cease this RFT altogether, with or without awarding any contract to any Service Provider;
(e) select the Service Provider to provide all or only part of the services and/or make recommendations for collaboration between Service Providers;
(f) refuse to accept a Tender Submission from any Service Provider;
(g) provide any further information that it considers relevant in relation to the RFT;
(h) issue a new Request for Tender in the event it chooses not to proceed with this RFT for any reason; and
(i) at any time, amend the scope of the Project Brief outlined in Schedule One and reissue that part of the scope.

2.3 Tender Submission

In making a Tender Submission, the Service Provider acknowledges and agrees that:

(a) it accepts and will fully comply with the terms and conditions set out in this RFT;
(b) the Tender Submission will become the property of *beyondblue* at the time of lodgement and will be treated as commercial-in-confidence; and
(c) *beyondblue* and its advisors may use and copy the Tender Submission as required for the purposes of the RFT process including evaluating the Tender Submission, negotiating and preparing contract documents and audit requirements.

The Service Provider must lodge an electronic copy of its Tender Submission to procurement@beyondblue.org.au by 5.00pm (AEST) on Friday, 23 September 2016 (if the document is smaller than 5MB) or otherwise on a USB drive delivered to: *beyondblue* Procurement Team, Level 2, 290 Burwood Road, Hawthorn VIC 3122.

Service Providers should address all of *beyondblue*’s stated requirements and preferences but are encouraged to propose differing approaches within their Tender Submission if they are able to demonstrate a clear rationale for doing so.

Due to the nature of this RFT, Service Providers may wish, and are permitted, to form partnerships and/or consortia to ensure they have the relevant multidisciplinary expertise required to undertake and deliver on the distinct components of Phases 2 and 3 of the Project. If this does occur, the Service Provider must indicate in their Tender Submission who the lead organisation will be (i.e. the main contact and contract holder), and the arrangements that will be put in place to manage partner providers and sub-contractors. Service Providers should disclose

<table>
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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Commencement of Project</td>
<td>Week commencing 30 January 2017</td>
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*Please note late responses will not be accepted.*
subcontracted collaborations in their Tender Submission and approval of subcontractors is at the discretion of beyondblue. Furthermore, in the selection process, beyondblue may recommend and introduce a subcontractor to a Service Provider for the best outcome of the Study. In any such arrangement, the lead organisation should be ready to commence the Project as per the timeline stated in section 2.1.

2.4 Validity period

The Tender Submission constitutes an irrevocable offer by the Service Provider and must remain valid for acceptance for a period of 150 days from and inclusive of the closing date.

2.5 Costs and expenses

beyondblue will not be liable to any Service Provider for, and each Service Provider agrees that it must not claim against beyondblue, any costs or expenses incurred in connection with the preparation or submission of the Tender Submission. All such costs and expenses will be borne entirely and exclusively by the Service Provider, regardless of whether beyondblue executes a contract with any Service Provider, or otherwise alters, cancel or abandons this RFT process.

beyondblue is not liable for any loss, damage, claim, cost or expense incurred by the Service Provider or any other person if, for any reason, the Tender Submission or any other material or communication relevant to this RFT is not received on time, is corrupted or altered or otherwise not received as sent, cannot be read or decrypted, or has its security or integrity compromised.

2.6 Provision of Information

The Service Provider must complete and submit the RFT Response Schedule as its Tender Submission, which should contain the following schedules (refer to Part 5 of this Request for Tender document):

(a) Schedule 1: Tenderer Information
(b) Schedule 2: Executive Summary
(c) Schedule 3: Corporate Profile
(d) Schedule 4: Service Requirements
(e) Schedule 5: Project Management
(f) Schedule 6: Project Team Personnel
(g) Schedule 7: Project Team Experience
(h) Schedule 8: Pricing
(i) Schedule 9: Insurance
(j) Schedule 10: Any other Matters

3 Evaluation process

3.1 Evaluation of Tender Submissions

The information furnished by the Service Provider during the RFT process will be used to assess the Service Provider’s suitability to carry out the services required by beyondblue.

Tender Submissions will be assessed on the basis of best ‘value for money’ as a whole, through the application of the following evaluation criteria:
a) The extent to which the Service Provider has the relevant capability, expertise and experience to conduct the Project as evidenced by any specified or key personnel and previous performance in a project of this nature;

b) The extent to which the Service Provider demonstrates it has the resource capacity, infrastructure and readiness to provide the services, in accordance with the requirements of the Tender Brief in Schedule One;

c) The extent to which the Service Provider’s proposed methodology meets the requirements for the provision of the services to beyondblue and demonstrates a valid, innovative and effective approach, as evidenced by a detailed plan for conducting all aspects of the services to beyondblue;

d) The extent to which the Service Provider has the relevant expertise and can demonstrate an effective approach to stakeholder management for conducting all aspects of the services to beyondblue;

e) The extent to which the Service Provider has the relevant expertise and can demonstrate an effective approach to knowledge translation for conducting all aspects of the services to beyondblue;

f) The Service Provider’s pricing structure including any itemised budget, proposed payment schedules, as well as any proposed pricing model and/or any other pricing information provided; and,

g) The extent to which the Service Provider promotes mental health in their workplace. For more information, refer to www.headsup.org.au.

To assist with the development of the Tender Submission, beyondblue advises that:

(a) Responses should be concise, easy to understand and provide real project-related value;

(b) No advantage is gained for the visual “wow” factor of a Tender Submission;

(c) The Service Provider should avoid responses such as “To be provided after award of contract” as there may not be an opportunity to do so;

(d) beyondblue is looking for clear evidence of the Service Provider’s knowledge and understanding of the services required. The Service Provider should demonstrate its capability to complete the Project on time, on budget and to the technical standards required;

(e) The Service Provider should not underestimate the importance of Phase 3 of the Project. Due consideration of this critical component of the Services should be reflected in the Service Provider’s project team, methodology and pricing. Police and emergency services representatives have indicated this is the phase of the Project that will deliver the most value to them and beyondblue is looking for clear evidence of the Service Provider’s understanding of this.

(f) The Service Provider should not underestimate the importance of a comprehensive quality (technical) submission. This includes a thorough and integrated approach to knowledge translation; and

(g) beyondblue is not bound to accept the lowest priced, or any other Tender Submission.

3.2 Independent enquiries

(a) beyondblue may make independent enquiries about any of the matters that may be relevant to the evaluation of any Tender Submissions (including past performance of the Service Provider) and may take this into consideration when evaluating the Tender Submissions;

(b) beyondblue reserves the right to contact a Service Provider’s referees, or any other person, directly and without notification.
3.3 Ethics

The successful Service Provider will be required to obtain formal ethics approval from a Human Research Ethics Committee on the basis of risk of harm. Protocols such as informed consent, confidentiality of data, right to withdraw at any point, referral protocols in case of distress etc. should be outlined in the Tender Submissions will be referenced in the Services Agreement with the successful Service Provider.

Service Providers should consider the potential complexities associated with securing ethics approval for the Project and incorporate these considerations into their Tender Submissions. Many police and emergency services agencies have research committees and ethics approval processes specific to their organisation, which the successful Service Provider will be required to navigate while meeting the Project Deliverables Timelines.

4 Engagement of Service Provider

4.1 Formation of contract

This RFT does not represent a legally binding offer from beyondblue and is merely an invitation to Service Providers to provide a Tender Submission.

Despite any Tender Submission, no Tender Submission will be deemed to have been accepted and no contract will arise between any Service Provider and beyondblue, until a written contract is executed between beyondblue and the successful Service Provider.

Any contract between beyondblue and the successful Service Provider will be in the form of the contract attached at Appendix 1, as amended by agreement between beyondblue and the successful Service Provider. It should be noted that beyondblue’s requirement to ownership of all intellectual property arising from the Project will be non-negotiable.

All unsuccessful Service Providers will be notified in writing once a contract is in place with the successful Service Provider.

4.2 Intellectual Property

beyondblue will be vested with exclusive ownership of all intellectual property created in relation to the Project including the raw data, all reports and electronic databases. beyondblue intends to make the dataset generated by Phase 2 of the Project available publically, following completion of the Project. beyondblue may share and publish raw data, reports and databases, in particular with police and emergency services agencies and with State and Federal governments.

While not guaranteed, it is expected that beyondblue will grant the Service Provider permission to publish findings arising from the Project in appropriate peer reviewed academic journals and to present the findings at relevant events, for the duration of the Project. Relevant beyondblue personnel are to be invited to co-author manuscripts and co-facilitate at conference, seminar and workshop presentations.

The successful Service Provider will not be able to publish materials, findings, scientific papers or any other reports during the Study without beyondblue’s prior written consent.

beyondblue’s ownership of all intellectual property arising from the Project will be non-negotiable with the successful Service Provider.
4.3 Governance

Given the importance of the Project, *beyondblue* will establish an Advisory Group (Group), to provide *beyondblue* with strategic advice on the Project to ensure that it meets *beyondblue*’s objectives, the needs of the relevant agencies, and to ensure the successful translation of findings into improved practice within the Australian police and emergency services sector. The Group will include members with expertise in research, knowledge translation, implementation of mental health initiatives/organisational change, leaders in a police and emergency services setting, a union representative, a current or former police or emergency services employee, a family member of a current or former police or emergency services employee, and *beyondblue* representatives. The Group will provide advice only and will have no decision making authority. Secretariat for the Group will be provided by *beyondblue*’s Workplace Program Team.

The successful Service Provider will form part of the Group and will be required to attend all meetings, report on progress and key Project milestones to the Group, and comply with all governance arrangements as requested by *beyondblue*.
SCHEDULE ONE – TENDER BRIEF

1 Background Information

*beyondblue Police and Emergency Services Program*

People who work and volunteer for ambulance, fire and rescue, police and state emergency services (hereafter collectively referred to as ‘PES Personnel’) are considered to be in high-risk occupations in relation to the development of mental health conditions. A growing number of studies suggest prevalence rates of stress, depression, anxiety, and post-traumatic stress disorder (PTSD) are significantly higher among PES Personnel than among the general population. PES Personnel are subject to a significant range of occupation-related psychosocial stressors such as shift work, long working hours, repeated exposure to death, trauma and violence, difficult interactions with members of the public, high expectations pertaining to their profession, increased media and public scrutiny during critical incidents, high levels of governance, strong cultural pressures and traditionally stigmatising attitudes towards mental health conditions and suicide. In addition to these specific risk factors, PES Personnel may be subject to common workplace stressors that affect workers in all industries, such as lack of management support, job demands, shift-work, bullying, etc.. This range of occupation-related psychosocial stressors is the focus of this Study.

In response to these issues, *beyondblue* established its First Responders Program in 2014 to improve the mental health of PES Personnel and reduce their risk of suicide. In 2016, the name of the program was changed to the Police and Emergency Services Program (PES Program), based on feedback received from the Program audience. The beneficiary audience for the PES Program is police, ambulance, fire and rescue and state emergency services and includes employees at all levels, volunteers, former employees and their families. The target audience for the Program includes all ambulance, fire and rescue, police and state emergency services agencies (hereafter collectively referred to as ‘PES Agencies’), unions, associations and peak bodies, relevant government departments, insurers, and regulators, health professionals working with PES Personnel, and relevant community groups (hereafter collectively referred to as ‘PES Sector’).

The objectives of the PES Program are to:

- reduce the stigma associated with mental health conditions, attempted suicide and suicide among PES Personnel;
- increase the number of PES Personnel taking action to manage their mental health and support colleagues they may be concerned about; and
- increase the number and capability of PES organisations taking action to create mentally healthy workforces.

*Audit of emergency services mental health programs*

One of the first projects undertaken by *beyondblue* as part of the PES Program was a national audit of existing mental health programs provided by PES Agencies (the Audit). The Audit enabled *beyondblue* to understand current organisational practice aimed at reducing the prevalence of suicide and mental health conditions among PES Personnel. Thirty-six individual stakeholders from thirty organisations were interviewed, spanning police, fire and rescue, ambulance and state emergency services and covering all states and territories. A summary report on the Audit was distributed to PES Agencies nationally in March 2015 and meetings took place with individual organisations to discuss the findings. A copy of the Audit report is provided at Appendix 2.
Good practice framework for mental health and wellbeing in first responder organisations

The Audit identified a number of key issues and gaps in current practice common to many PES Agencies in Australia. One of the opportunities identified was the development of a good practice model to equip PES Agencies with a coherent framework for promoting the mental health of their workforce.

The Good practice framework for mental health and wellbeing in first responder organisations (the Framework) was developed in collaboration with a range of agencies, unions, peak bodies, current and former PES employees, health professionals and subject matter experts in the PES sector. A Steering Group, comprised of operational leaders and health and safety professionals in key agencies, provided guidance on the development of the resource.

The Framework outlines important principles underpinning effective organisational mental health initiatives, core areas of intervention every PES Agency should address, and a range of additional practices and programs for agencies to consider implementing to promote mental health in their organisation. It is intended to be used as a practical tool by PES Agencies to review and continually improve their approach to workforce mental health.

The Framework was released in March 2016 at a national conference in Sydney, staged by beyondblue, which was attended by senior leaders from every PES Agency in Australia.

Engagement

In recent years, beyondblue has engaged extensively with PES Agencies, unions and peak bodies in each State and Territory, to advocate for, and support, improved approaches to promoting workforce mental health. beyondblue has also engaged with PES Personnel and their families whose lives have been affected by depression, anxiety, PTSD and suicide. This reflects beyondblue’s broader philosophy of engaging with people with personal experience of mental health conditions and suicide in the planning, development, implementation and evaluation of its resources and programs to ensure that beyondblue’s work is accurate, relevant and impactful. A key reference point for beyondblue is blueVoices, an online reference community for people who have personal experience of a mental health condition and/or suicide, or support someone who does. All PES Program projects have been informed by members of the blueVoices community with experience in PES roles.

In February 2016, beyondblue appointed a PES Engagement Manager to develop and grow key Program relationships, facilitate cross-sector collaboration, and support all PES Agencies to implement the Framework in a way that best meets their specific risks and requirements.

2 Project Details

Rationale for the Study

As part of the next stage of the PES Program, beyondblue is conducting a large-scale research study on the mental health of PES Personnel in Australia. Existing prevalence research on PES workforces in countries outside Australia shows that PES employees have higher rates of stress, depression, anxiety and PTSD, when compared with the general population. Research comparing PES suicide rates with general population suicide rates varies widely in its findings.

In Australia, a range of studies have been conducted to establish prevalence data and environmental data. Australian research has generally focused on a single population group (e.g. police officers in one agency), or issue (e.g. PTSD among fire-fighters in a given State). There is a
lack of robust prevalence data examining the full range of common mental health issues and the spectrum of suicide risk (e.g. ideation, suicide attempts) experienced by PES Personnel, including issues of co-morbidity of mental health conditions, and mental health conditions with substance misuse and physical health. Nor do we know which PES Personnel are at greatest risk of experiencing a mental health condition or of experiencing suicidality or dying by suicide. There is also a dearth of data on the knowledge, attitudinal and behavioural factors of PES Personnel that influence help-seeking for mental health conditions and that enables associations to be drawn about the individual, organisational and systems level risk and protective factors for mental health conditions and suicide. Measures of mental wellbeing are also lacking, and little is known about the influence of, and impact on, personal relationships and families.

The lack of appropriate data makes it difficult to understand the true nature of the mental health and wellbeing of this workforce (both serving and former), commonalities across and within specific cohorts, and the malleable factors that can be impacted on through appropriate interventions. These evidence gaps present critical risks for the development, implementation and evaluation of existing approaches within PES Agencies that aim to improve mental health and reduce suicide risk among PES Personnel.

There is a need for a comprehensive national dataset to establish essential baseline prevalence measures, individual knowledge, identify attitudinal and behavioural factors that influence help-seeking, and establish risk and protective factors for mental health, including the organisational policies and practices associated with mental health and suicide among PES Personnel. This dataset is also required to design and develop appropriate interventions at an individual, organisational and systemic level.

The beyondblue National Mental Health and Wellbeing Study of Police and Emergency Services (Study) aims to fill this evidence gap in a way that ensures the PES sector is able to translate the research findings into practical actions that will lead to better mental health and decreased suicide risk for PES Personnel in Australia.

Study aims and objectives

The aims of the Study are to improve the mental health and wellbeing of PES Personnel and reduce their risk of suicide by identifying evidence-based strategies focused on change at individual, organisational and systems levels.

The objectives of the Study can be divided into two broad categories: knowledge generation and knowledge translation.

The knowledge generation objectives of the Study are to:

- establish high-quality, national baseline measures for mental wellbeing, common mental health conditions, suicidality and associated substance use and/or physical health comorbidities in PES Personnel;
- examine a broad range of risk and protective factors associated with mental health and mental ill-health among PES Personnel in Australia;
- increase the evidence base on the influence of policies and practices aimed at promoting mental health and wellbeing among PES personnel; and
- identify the knowledge, attitudinal and behavioural factors that influence help-seeking for mental health conditions among PES Personnel.
The knowledge translation objectives of the Study are to:

- work with the PES Sector to identify the practical actions they can take to improve mental health and wellbeing in PES Personnel;
- increase the capability of PES organisations to know how to effectively promote good mental health and reduce suicide risk in the PES workforce;
- guide change at individual, organisational and systems levels to improve the mental health of PES Personnel and reduce their risk of suicide;
- develop mechanisms to support the ongoing monitoring and evaluation of these strategies; and
- provide a platform for beyondblue to advocate for improved programs and support to protect and promote the mental health of PES Personnel and their families, and reduce their risk of suicide.

Overview of the study

A three-phase approach is being undertaken for the Study:

- **Phase 1:** is an exploratory qualitative study designed to understand the experiences of current and former employees of police and emergency services, and their partners and families, in respect of factors that contribute to positive and negative mental health outcomes. Data gathered will inform the approach to the next phases of the Study.

This Phase is already underway and is not within the scope of this Tender. Further information on Phase 1 of the Study is provided at Appendix 3.

The successful Service Provider will be provided with, and required to, incorporate the findings of Phase 1 into the Project, with input from beyondblue. The information gathered during Phase 1 of the Study will be used to inform Phases 2 and 3 as well as beyondblue’s broader PES Program work. The successful Service Provider’s research design must have the flexibility to accommodate this. A report on the research findings, including de-identified data from participants, is to be delivered to beyondblue by 31 October 2016.

The following two phases are in scope for this RFT:

- **Phase 2:** is a knowledge generation project involving a nationally representative survey of current PES Personnel. This Phase aims to understand both the prevalence of wellbeing and the prevalence of common mental health conditions, and examine help-seeking behaviours and risk and protective factors in PES workplaces, including the influence of policies and practices that are currently in place to promote mental health and wellbeing and support PES Personnel affected by mental health conditions, or who are at risk of suicide.

- **Phase 3:** is a knowledge translation project intended to draw on a range of perspectives from the PES Sector on how the findings from Phases 1 and 2 can best be translated into practical improvements in the mental health of PES Personnel across Australia. This Phase is will be essential for the Study to provide real value and impact.

The findings of the completed Study will be used to influence the work of the beyondblue PES Program and influence policy and practice within police and emergency services and among governments responsible for these frontline services.

*Rapid mapping of relevant research*
The complex array of factors affecting the mental health of PES Personnel, and long-standing recognition of the high-risk nature of their roles, means they are a heavily surveyed population. In order to ensure the Study fills existing knowledge gaps effectively, and avoids duplication and survey fatigue, beyondblue has engaged an external service provider to undertake a rapid mapping exercise of recent research relating to the mental health and suicide of PES Personnel in Australia.

The mapping will inform the approach to Phases 2 and 3 of the Study and enable beyondblue and the successful Service Provider(s) to more effectively engage with key research institutions and agencies already contributing to the knowledge base in this field. Relevant information from the mapping report will be made available to the successful Service Provider(s) for Phases 2 and 3 of the Study.

It should be noted a sizeable consultation process was undertaken to inform the design of the Study. This included interviews with 13 expert academics, 18 sector representatives, and 3 other stakeholders with relevant expertise, to seek advice on how to approach a range of aspects of the research such as the study design, comparative datasets, target populations, stakeholder engagement, recruitment and administration, sampling, response rate, and knowledge translation. The three-phase Study design and all requirements and preferences described in the next section of this Request for Tender document have been shaped by this expert advice and influenced by beyondblue’s engagement with the PES Sector.

3 The Services

3.1 Overview

beyondblue is seeking a suitably qualified Service Provider, or consortium of Service Providers, to undertake Phases 2 and 3 of the Study.

Phase 2

The aim of Phase 2 of the Study is to establish a comprehensive understanding of the mental health and wellbeing of current PES Personnel in Australia. It is anticipated that this Phase will involve a nationally representative cross-sectional survey of current PES Personnel that addresses the following research questions:

- What is the prevalence of mental wellbeing, common mental health conditions, suicidality and associated substance use and/or physical health comorbidities among PES Personnel?
- Are there any demographic, geographic or sector sub-groups at higher or lower risk of mental health conditions or suicidality?
- What are the individual and organisational risk and protective factors associated with mental health and mental ill-health among PES Personnel in Australia?; and,
- What are the individual knowledge, attitudinal and behavioural factors that influence help-seeking for mental health conditions among PES personnel?

Survey design – requirements of the Phase 2 protocol

Survey design requirements for Phase 2 are:

- Survey questions relating to the prevalence of depression, anxiety, PTSD, suicide risk, substance use, burn out, and relating to stigma and help-seeking are mandatory.
• Service Providers are required to give an indication as to the most feasible approach to answering the other research questions listed above within the constraints of the proposed survey, in particular the best approach to understanding the individual and organisational level risk and protective factors associated with mental health and mental health conditions.

• Service Providers have the flexibility to add to the research questions of the Phase 2 survey design to explore other relevant themes.

• The sampling approach must ensure a sample that is representative of the national PES Personnel workforce in Australia and enable generalisation of the findings to the wider population group. Appendix 3 provides further information about beyondblue’s preferences regarding the target populations for the entire Study.

• Service Providers must indicate the target response rate they will seek to achieve for this phase and provide a rationale for this aspect of the survey design.

The communications and engagement strategy for this phase of the Project will be a critical success factor for the overall Study. It is essential for Service Providers to propose a survey design for Phase 2 which is based on early, genuine and sustained engagement with PES Agencies, as well as PES Personnel and other key stakeholders.

In describing the proposed design of the quantitative survey, Service Providers must elaborate on how the knowledge generated during Phase 2 will be used during Phase 3, and can be translated into practical changes within the PES Sector following the completion of the Project.

Survey design – additional considerations regarding the Phase 2 protocol

Service Providers are strongly encouraged to propose a rigorous and cost-effective survey design which demonstrates they have considered each of beyondblue’s preferences and the knowledge-generation opportunities inherent in this phase of the Project. Tender Submissions which include additional elements over and above the core requirements of this phase of the Project should provide a breakdown of the costs attached to each additional element.

Sampling

Tender Submissions that incorporate a whole-of-PES-workforce approach to addressing existing knowledge gaps, while meeting the underpinning knowledge generation and translation objectives of the Study, will be looked on favourably.

A rigorous sampling strategy is critical for Phase 2 of the Project in order to increase the likelihood of achieving a representative sample and thus increase the credibility of the findings and the effectiveness of the follow-up qualitative study. beyondblue’s preferred approach for Phase 2 is to adopt a stratified, random sampling strategy for selecting current PES Personnel and volunteers to participate. This approach aims to maximise the quality of the data gathered by allowing for identification of any possible biases within the sample and developing appropriate post hoc analyses to control for these. It will rely on systematic engagement with every single PES Agency in Australia. Alternative sampling approaches will be considered, including a publically administered survey.

beyondblue’s preference is to include volunteers and former PES Personnel in Phase 2, in order to fill long-standing knowledge gaps. Service Providers should therefore consider the cost implications of accessing these cohorts, the end use of data gathered on these populations and the best ways to ensure careful integration of objectives regarding these cohorts across Phases 2 and 3 of the Project.
Due to the difficulty of accessing family members in a way that produces quality data, this group is not within scope for Phase 2 of the Project.

**Measures**

A range of measures have already been identified which may be used in the Phase 2 survey (refer to Appendix 3 for further information). Priority should be given to the use of validated measures, where possible, with a majority of closed-end questions. *beyondblue* will look favourably on Service Providers who can demonstrate they have considered the suitability of the key measures used in the Phase 2 survey for future use by PES Agencies seeking to conduct research in future years, that builds upon the baseline measures established by this survey.

**Modality**

*beyondblue*’s preference is that the quantitative survey be administered in both online and hard-copy form, with a strong push and promotion of the online version. Hard copies (as well as electronic surveys) should be distributed through PES Agency workplaces as part of a considered communications and engagement strategy, and should aim to provide participants the opportunity to complete the survey during work time. Promotional strategies should be designed with gender-preferences regarding language and engagement in mind.

It is anticipated the survey will be branded with *beyondblue*’s logo and marks only. *beyondblue* acknowledges this may lead to skewing of the sample and Service Providers should indicate in their response how they intend to control for potential bias in post hoc analyses.

**Phase 3**

Drawing on the findings from Phases 1 and 2, the aim of Phase 3 of the Study is to identify feasible, acceptable and evidence-based practical solutions focused on change at individual, organisational and systems levels to improve the wellbeing, mental health and suicide risk of PES Personnel in Australia. This Phase of the Study will also support PES Agencies and other key stakeholders to ensure that these strategies are translated into real world action.

Detailed research questions are to be developed for Phase 3 to explore the following key themes:

- What are stakeholders’ views on the implications of the findings from Phases 1 and 2 of the study for PES Agencies? What are the priorities for action?
- Drawing on the results of Phases 1 and 2, what are the most appropriate and effective ways to promote the mental health of current PES Personnel through PES Agencies and prevent the development of mental health conditions and suicide risk in PES Personnel? How can those activities best be implemented in each organisation? What are the primary barriers and enabling factors for the implementation and impact of these activities and how can those be overcome or built upon? What are the critical factors for success? What is required to deliver on those strategies?
- What are the most appropriate and effective ways to support PES personnel who may be experiencing a mental health condition or suicide risk, and their families? How can those activities best be implemented in each organisation? What are the primary barriers to the implementation and impact of these activities and how can those barriers be overcome? What are the critical factors for success? What is required to deliver on those strategies?
- How should the proposed strategies for promotion, prevention and intervention be prioritised and by whom? Who should be responsible for co-ordinating efforts at the
organisational and systems levels to implement these actions and how will they work in partnership with other PES stakeholders to achieve shared aims?

- What are the mechanisms that need to be put in place to support the ongoing routine monitoring and evaluation of the strategies identified by this Study? How will effectiveness be measured? Who will be responsible for implementing these mechanisms?
- What are the national indicators we should seek to monitor and how will this be done? How can the research instruments from Phase 2 of this Project be adapted and/or used by PES Agencies seeking to measure the mental health and suicide risk of their workforces in the future?

_Designing the Phase 3 study protocol_

The research questions and protocol for Phase 3 will be finalised in collaboration between _beyondblue_, the successful Service Provider and a cross-section of representatives of the PES Sector, drawing on the findings from Phases 1 and 2 of the Study.

Service Providers are invited to propose an integrated, inclusive and innovative methodology for this phase of the Project and are to describe the:

a) key audiences for the Study findings and knowledge translation goals and messages relating to each audience;
b) knowledge translation activities that will be incorporated into this phase and/or identified for future use for each key audience;
c) roles that representatives from the PES Sector will play in this phase and the degree of their involvement;
d) steps and process through which the protocol for Phase 3 will be implemented; and
e) outputs and outcomes that will be delivered by the completion of this critical phase of the Project.

Meaningful participation by a cross-section of representatives of the PES sector is fundamental to this phase of the Study. Key groups will include current and former PES Personnel and family members, representatives of PES Agencies, unions and associations, community groups and health professionals specialising in PES mental health. Representatives from relevant government departments, insurers and regulatory bodies may also be included.

It is mandatory for Service Providers to propose a methodology which incorporates opportunities for these participant groups to contribute their perspectives, ideas and guidance throughout this phase of the Project. It will be mandatory for the successful Service Provider to include at least one current or former PES employee with experience of a mental health issue in the project team for this phase of the Project.

Service Providers should demonstrate they have considered advocacy and policy opportunities for the PES sector which may arise from the overall Study, and the best way to explore and prepare for these through the design of the Phase 3 study.

The Phase 3 study design should allow for a sequenced approach to developing and validating the strategies, recommendations and resources that will comprise outputs for this phase. It is anticipated the first stage will explore key findings from Phases 1 and 2 in further detail, gathering additional information and ideas from participants in order to develop potential solutions to address the findings. Solutions will need to be identified to effect change at individual, organisational and systems levels and may include resources, tools, services, initiatives, networks, communications materials or campaigns, and/or events. The second stage will incorporate the potential solutions into a draft action plan or strategy framework, and test, refine and prioritise
the solutions determined to be most feasible, acceptable and evidence-based through collaboration and consultation with representatives of the PES Sector. The third stage will further develop the action plan or strategy framework so that it clearly describes the range of solutions identified at individual, organisational and systems levels respectively, and maps the implementation of at least two priority solutions at each level. Mapping the implementation of priority solutions may involve developing an outline of the solution in collaboration with representatives from the relevant key audience, a draft implementation guide, key messages and/or a dissemination plan.

Integration of phases

The successful Service Provider will be required to fully integrate all phases of the Study into an overarching study protocol and final report, with input and support from beyondblue. beyondblue will provide all documents, reports and other materials required for the integration of Phase 1 with Phases 2 and 3.

Key themes from Phase 1 will guide the design of research materials for Phases 2 and 3, and questions raised by Phase 1 participants should be addressed in later phases. Phase 2 findings will determine the focus of the research questions for Phase 3, and analysis of Phase 2 data may be provided to participants of the final Phase 3. Findings from all three phases will be compiled into the final research report and will inform public communications about the Study.

Engagement with stakeholders

Early, intensive and sustained engagement with PES Agencies and the broader PES Sector is fundamental to the success of the Study. beyondblue has existing relationships with a wide range of organisations and individuals in the PES Sector nationally, including PES Agencies, unions and associations, government agencies, health professionals, insurers and regulatory bodies, and community groups. The successful Service Provider will need to work closely with beyondblue’s PES Program team to ensure these relationships are managed effectively. The successful Service Provider will be required to develop an engagement strategy for the Project and will be expected to investigate and manage areas of potential overlap with other research studies and related mental health initiatives. beyondblue and the successful Service Provider will work together to agree upon the allocation and management of engagement responsibilities for the Project.

Knowledge translation

A successful approach to knowledge translation is a pivotal component of this Study. Service Providers are therefore required to consider how this can best be achieved throughout the entire Study. The successful Service Provider will be required to develop and implement a knowledge translation plan for the Study in collaboration with beyondblue and a cross-section of representatives from the PES Sector. The knowledge translation plan will include mechanisms to assess the impact of the Study and findings.

Tender Submissions should demonstrate an integrated approach to knowledge translation, identifying which PES Sector representatives will participate in each stage of the Project, how, and for what purpose, as well as the audiences that will be targeted to use the Study findings. beyondblue expects that representatives of the PES Sector will be involved in finalising the research questions, protocol and research materials for both phases of the Project and will be key contributors to the development of the knowledge translation plan and dissemination plan for the Project.
BeyondBlue will look favourably on Tender Submissions which clearly describe realistic strategies for using the Study findings to heighten awareness, change behaviour, practice and policy, and prepare and enable key audiences to take action.

Tender Submissions should include a description of these key elements of the knowledge translation plan for the Project and any issues, considerations or risks relating to knowledge translation which the Service Provider believes may impact on the successful use and impact of the Study findings. The successful Service Provider will be responsible for delivering on the knowledge translation plan, with support from BeyondBlue for public communications and dissemination activities.

3.2 Service Requirements

The successful Service Provider will need to ensure that all components necessary to deliver the Services are provided. Services to be provided will include, but will not be limited to, the following:

(a) An experienced project manager to:
   (i) manage all aspects of the Project
   (ii) maintain regular contact with BeyondBlue’s Liaison Officer throughout the Project (e.g. via telephone, face to face meetings, email)
   (iii) develop and implement a detailed Project plan including:
         (1) a detailed study protocol for both Phase 2 and 3 that includes: study design; ethics procedures; participants and recruitment; instruments and data collection; data analysis (qualitative and quantitative); reporting and deliverables.
         (2) detailed plans for managing the Project schedule, budget, and risks; knowledge translation (for the entire Study); stakeholder engagement; communications and dissemination;

(b) Collaboration with BeyondBlue and in accordance with the agreed Project plan and study protocol;
(c) Attendance at all meetings of the Advisory Group for the Project;
(d) Provision of a full, written research report on the Project including an executive summary that can be used as a standalone summary report;
(e) Presentation of the Project findings in person to BeyondBlue; and
(f) Participation in any consultation activities relating to the Project as requested by BeyondBlue.

3.3 Project Deliverables

Deliverables to be provided will include, but will not be limited to, the following:

(a) A research protocol to achieve the Project objectives;
(b) A data platform to administer the research instruments;
(c) An agreed number of participants for the Project;
(d) A full set of draft surveys and other research instruments for review by BeyondBlue;
(e) Written progress reports on the Project, including an interim report on the findings of Phase 2 which will be publically circulated and will inform public dissemination activities by BeyondBlue;
(f) A knowledge translation action plan developed collaboratively with representatives of the PES Sector which describes and maps the implementation of feasible, acceptable and
evidence-based strategies to improve the mental health and wellbeing of PES Personnel in Australia;

(g) A final written report integrating findings from all three phases of the Study including an executive summary that can be used as a standalone summary report; and

(h) All datasets, transcripts and recordings generated by the Project.

4

4.1 Project Timeline

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of project plan (<em>beyondblue</em>)</td>
<td>No later than 10 February 2017</td>
</tr>
<tr>
<td>Approval of Phase 2 &amp; draft Phase 3 study protocol (<em>beyondblue</em>)</td>
<td>No later than 10 March 2017</td>
</tr>
<tr>
<td>Ethics approval (Service Provider)</td>
<td>No later than 31 May 2017</td>
</tr>
<tr>
<td>Scripting, testing, pilot of Phase 2 questionnaire (Service Provider)</td>
<td>June 2017</td>
</tr>
<tr>
<td>Phase 2 fieldwork complete (Service Provider)</td>
<td>No later than 30 September 2017</td>
</tr>
<tr>
<td>Analysis &amp; write up of Phase 2 (Service Provider)</td>
<td>October – December 2017</td>
</tr>
<tr>
<td>Approval of final Phase 3 protocol (<em>beyondblue</em>)</td>
<td>No later than 30 November 2017</td>
</tr>
<tr>
<td>Approval of interim report on Phase 2 (<em>beyondblue</em>)</td>
<td>No later than 15 December 2017</td>
</tr>
<tr>
<td>Phase 3 fieldwork (Service Provider)</td>
<td>February - April 2018</td>
</tr>
<tr>
<td>Analysis &amp; write up of Phase 3 (Service Provider); integrate findings &amp; submit final report on all three phases</td>
<td>May - July 2018</td>
</tr>
<tr>
<td>Provision of final report on Study</td>
<td>No later than 31 July 2018</td>
</tr>
<tr>
<td>Support the public launch of the Study</td>
<td>October 2018</td>
</tr>
</tbody>
</table>

4.2 Budget

The Service Provider is invited to provide a reasonable and market competitive costing and budget (ex. GST) to complete this piece of work and outline the itemised budget using the Schedule 8 – Pricing template.

4.3 Reporting Requirements

The target audience for the Interim and Final Reports includes all PES Personnel and PES Agencies in Australia, as well as *beyondblue* employees, Board members, and key stakeholders of the *beyondblue* PES Program. The Interim and Final Reports will be circulated publically and will be used to inform a public dissemination campaign by *beyondblue*.

The Service Provider will be required to provide the following reports:

(a) Written Monthly Progress Reports

The content and timing of the reports will be agreed between *beyondblue* and the successful Service Provider.
(b) **Interim Report (Phase 2)**

The Interim Report will summarise the findings from Phase 2 of the study. The final draft of the Interim Report is to be provided no later than 31 March 2018 and must include key prevalence measures of common mental health conditions, stigma and help-seeking among PES Personnel in Australia as well as preliminary statements on analysis of the data.

(c) **Final Report**

The Final Report is to be provided no later than 30 November 2018 and must include the following:

(i) an Executive Summary (1-2 pages);
(ii) overall summary (3-5 pages);
(iii) public health context for the Study;
(iv) organisational context for the Study;
(v) overview of the study and brief synopsis of Phase 1 findings;
(vi) the aims and objectives of Phases 2 and 3;
(vii) the methodology;
(viii) key findings from Phases 2 and 3; and,
(ix) discussion, conclusions and recommendations (no more than 50 pages overall) on the Study.
## 5 RFT Response Schedule

The Service Provider should complete and submit this Response Schedule as its Tender Submission.

### Schedule 1: TENDERER INFORMATION

<table>
<thead>
<tr>
<th>Service Provider name</th>
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<tr>
<td>If a company</td>
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<td>Company name</td>
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<tr>
<td>ACN</td>
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<tr>
<td>Name of director(s)</td>
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<tr>
<td>and company secretary</td>
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</table>

| If a partnership       |  |
| Trading name (if any)  |  |
| Full names of partners |  |

| If any other type of organisation |  |
| Name of organisation           |  |
| Type of organisation           |  |

### ABN

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### Trust status

If the Service Provider is a trustee and is submitting a Tender Submission as trustee of the trust

<table>
<thead>
<tr>
<th>Name of trust</th>
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### Contact for liaison and notices

<table>
<thead>
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<th>Name</th>
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<tr>
<td>Postal Address</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Facsimile</td>
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<tr>
<td>Email address</td>
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</table>

### Conflict of interest

The Service Provider confirms that there are no circumstances or relationships which constitute or may constitute a conflict or potential conflict of interest in relation to this RFT or the Service Provider’s obligations under any contract resulting from this RFT other than:
The Service Provider undertakes to advise *beyondblue* in writing of any additional actual or potential conflicts of interest immediately after becoming aware of it.

The Service Provider confirms that, if successful, the Service Provider will perform the services at the following address:

---

**Confirmation**

The Service Provider:

(a) offers to supply the services described in the RFT at the prices specified in the Tender Submission;

(b) confirms that the Tender Submission remains valid and open for acceptance by *beyondblue* for a period of 150 days from the closing date;

(c) confirms that it is not insolvent, bankrupt, in liquidation, or under administration or receivership;

(d) confirms its capacity to enter into a contract and that there is no restriction under any relevant law to prevent it from providing a Tender Submission; and

(e) consents to *beyondblue* undertaking checks in accordance with this RFT.

The Service Provider warrants that neither the Service Provider nor any of its officers, employees, agents, and subcontractors has, in relation to the preparation, lodgement or assessment of the Tender Submission:

(a) improperly obtained confidential information;

(b) received improper assistance from employees or former employees and its advisors of *beyondblue*;

(c) engaged in collusive, anti-competitive conduct, unlawful, unethical or other similar conduct with any other Service Provider or other person; or

(d) attempted to improperly influence an officer, advisor or employee of *beyondblue*, violate any applicable laws regarding the offering of inducements or approached any officer or employee of *beyondblue* (other than as permitted by this RFT).

The Service Provider notes that giving false or misleading or deceptive information is a serious offence, and confirms that all information in its Tender Submission is true and correct in every material respect.

**Signature on behalf of Service Provider**

(Note: To be signed by the lead Service Provider personally, or if the Service Provider is not an individual, by someone authorised to sign on behalf of the Service Provider e.g. Managing Director)

Signature

Name
SCHEDULE 2: EXECUTIVE SUMMARY

Provide a brief executive summary of your Tender (excluding pricing information).
500 word limit

Schedule 3: CORPORATE PROFILE

Provide information on the lead Service Provider and consortium members (if applicable):

1. information on how the Service Provider promotes mental health in their workplace (refer to www.headsup.org.au for more information);
2. information on corporate and ownership structure, including information on related bodies corporate;
3. if a company, names of all shareholders holding 10% or more of any issues share capital;
4. name of ultimate holding entity (if applicable);
5. details of its enterprise profile, including the size, location of sites and principal locations for the provision of the Service;
6. information on how long it has been in business;
7. confirmation that there is no past, current, pending or finalised litigation against the Service Provider, or an explanation of any such litigation;
8. particulars of any petition, claim, action, judgement or decision which is likely to affect the Service Provider's performance;
9. if the Service Provider is a lodging the Tender Submission for a consortium, its Tender Submission should:
   i. provide full details of that legal entity, the consortium members and any proposed subcontractors;
   ii. include the information sought in this RFT for each member of the consortium;
   iii. describe in detail the relationship between each member of the consortium and the structure proposed for the management of the consortium;
   iv. confirm that to the provider contracted with beyondblue to lead the consortium will guarantee the performance of all other members of the consortium; and
10. include such other information that beyondblue requires to undertake a risk assessment of the Tender Submission.
SCHEDULE 4: SERVICE REQUIREMENTS

Service Providers are to provide details of their proposed approach to the Service Requirements as described in section 3.2 Service Requirements.

SCHEDULE 5: PROJECT MANAGEMENT

Service Providers are to provide:

1. an outline of their proposed approach to managing the Project, including details of their research method, key plans, considerations, risks or other issues;
2. information on their ability to meet the timeline or milestones nominated by beyondblue for these services, or if these cannot be met, the proposed timelines for provision of these services; and
3. details of their existing network and relationships with relevant stakeholders (i.e. PES Agencies and/or other relevant organisations).

SCHEDULE 6: PROJECT TEAM PERSONNEL

Provide an outline of the capability and capacity of individual members of the project team including:

1. Demonstrated capacity and expertise of the project team identified to deliver on the services and of key personnel such as the chief researchers/investigators, knowledge translation experts and project manager/s. beyondblue will look favourably on multi-disciplinary project teams that are composed of a range of personnel with expertise in statistics, population mental health, workplace mental health, impact of exposure to trauma, qualitative research, applied research, and knowledge translation.
2. Details of how the various project team members and organisations will interact, including effective coordination and management.
3. Provide a brief biography or CV for each member of the project team.

SCHEDULE 7: PROJECT TEAM EXPERIENCE

Provide an outline of the capability and capacity of each of the organisations that make up the project team including:

a) information on each organisation’s experience in providing similar services over the past three (3) years, including:

i. funder(s), details of the research project including aims and objectives, duration and value; and
ii. sample designs and case studies; and
iii. demonstrated ability to deliver the desired outcomes of this Project, including the stakeholder management and knowledge translation objectives of the Project.
b) if forming a partnership or consortium, detail the consortium’s experience/s of working together to provide similar services. If the partnership or consortium is newly formed for this Project, detail member organisations’ experience and outcomes of forming consortia for similar projects.

c) contact details for at least 2 referees for whom the lead Service Provider has provided similar services:

<table>
<thead>
<tr>
<th>Referee Organisation Name</th>
<th>Description of work performed</th>
<th>Period</th>
<th>Contact Person</th>
<th>Contact details (Phone and e-mail)</th>
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SCHEDULE 8: PRICING

The Service Provider should provide a document including information on their proposed pricing, as detailed below.

Introduction

a) All prices must be quoted in Australian dollars on a GST exclusive basis with any GST component separately identified.
b) The pricing model should be inclusive of all contingencies.

Fees and Costs

a) The Service Provider must provide an itemised budget and/or proposed pricing model for each Phase detailing all fees, prices and charges related to each component of the services.
b) Payment to the successful Service Provider will be based on fees for specific deliverables, and the budget should be broken down in separate stages with the following items detailed separately:

i. any items over $5,000;
ii. reimbursable expenses, such as travel and accommodation, participant incentives, etc.

Please note: a fee range may be quoted provided an explanation is provided as to the rationale behind determining the minimum and maximum within the range.
The following template is provided as an example only.

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<thead>
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<th>Description - Phase 2</th>
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Subtotal Service Delivery

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<tr>
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Subtotal Service Delivery

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<td>1</td>
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<td>2</td>
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</table>
In addition, Service Provider should also provide an hourly rate for the calculation of any additional requirements or variations.

Payment terms

Service Providers should propose a payment schedule for the payment of all fees and costs in relation to the provision of the services, on the understanding that all payments will be made by beyondblue upon completion of Service components, and within 30 days of receipt of a valid tax invoice.

SCHEDULE 9: INSURANCE

The lead Service Provider must complete the following table:

<table>
<thead>
<tr>
<th>Public Liability</th>
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</tbody>
</table>
SCHEDULE 10: ANY OTHER MATTERS

Please detail any matters which have not been covered in previous sections, which the Service Provider believes need to be taken into consideration when their Tender Submission is being evaluated, e.g. any areas of non-conformity with the RFT, any value-add services.

500 word limit.