



## NSW Aboriginal Cancer Primary Care Pathways Program | Aboriginal Cancer Care Coordinator

Application Form

May 2025



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW

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# Application Form for Aboriginal Cancer Care Coordinator Roles

This application form is designed for services seeking funding to employ an Aboriginal Cancer Care Coordinator (ACCC) to provide support for Aboriginal and Torres Strait Islander people and communities impacted by cancer. The role also supports the implementation of the Model of Cancer Care by improving access to early detection, cancer care, and culturally safe and responsive cancer services.

## Application Instructions

- Applications must be submitted by **30<sup>th</sup> May 2025** via email to Public Health [publichealth@ahmrc.org.au](mailto:publichealth@ahmrc.org.au)
- Applications must be submitted in either Word or PDF format.
- Attachments may be submitted to support the application (e.g., data reports, patient surveys, evidence of need etc.).
- All sections of the application must be completed adhering to the relevant word limits.
- If you have any questions, please contact Sushira Sharma, Project Officer via email at [ssharma@ahmrc.org.au](mailto:ssharma@ahmrc.org.au)

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Organisation Name	Click or tap here to enter text.
ABN	Click or tap here to enter text.
Organisation Contact Name	Click or tap here to enter text.
Organisation Contact Email	Click or tap here to enter text.





## Organisational Overview

1. Provide a brief description of your organisation, including:
  - a. Geographic area served.
  - b. Total number of Aboriginal clients seen in last 12 months.
  - c. Details of any current supports offered to Aboriginal patients with cancer.
  - d. Existing health promotion or cancer care initiatives.

*(Maximum 200 words)*


## Evidence of Need

1. Describe the cancer burden in your community by addressing:
  - a. Number of Aboriginal clients with Cancer your service has supported in the past 12 months.
  - b. Identified gaps in access to cancer care services.
  - c. Community-specific barriers to cancer care (e.g. cultural, geographic, systemic).

*Please include any supporting data or evidence (e.g., local health surveys, hospital data, community consultations) as an attachment to the application. (Maximum 500 words)*






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2. Provide a brief description of any existing positions that are currently delivering cancer care support, including details of any cancer specific funding (how much, term remaining and funding body), the day-to-day activities and the employment term (e.g., whether the roles are permanent, casual or temporary, full-time or part-time).  
(Maximum 300 words)

### **Proposed Role and Responsibilities**

1. Outline the specific duties and responsibilities the role would undertake to support Cancer patients, and describe how the role will address community-specific barriers to cancer care. (Maximum 300 words)



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2. Describe which Core Components and Key Principles of the Model of Cancer Care your service will implement and how. *(Maximum 300 words)*

3. Explain how the role will be integrated into your current service model, and how the role will be supported to undertake their duties. *(Maximum 300 words)*



4. Provide an annual breakdown of the funding requested, including salary and administrative costs.

	Salary	Administrative costs	Total
Year 1	\$Click or tap here to enter text.	\$Click or tap here to enter text.	\$Click or tap here to enter text.
	Additional Comments:Click or tap here to enter text.		
Year 2	\$Click or tap here to enter text.	\$Click or tap here to enter text.	\$Click or tap here to enter text.
	Additional Comments:Click or tap here to enter text.		
Year 3	\$Click or tap here to enter text.	\$Click or tap here to enter text.	\$Click or tap here to enter text.
	Additional Comments:Click or tap here to enter text.		
Total	\$Click or tap here to enter text.	\$Click or tap here to enter text.	\$Click or tap here to enter text.

### Continuous Quality Improvement

1. Describe your proposed approach to undertake Continuous Quality Improvement to achieve the outcomes of the Program by:
  - a. Ensuring that the ACCC role delivers the proposed outcomes of the Program.
  - b. Including examples of how CQI methods will be used to monitor the performance of the role and inform service delivery.

(Maximum 300 words)



## Partnerships and Collaborations

1. List and describe any existing partnerships with local health services, specialists, Primary Health Networks, community groups, or government agencies that you will work with:

*Letters of support or Memoranda of Understanding (MOUs) from key partners may be submitted as an attached if applicable. (Maximum 300 words)*

## Attachments List

Please list all attachments being submitted as part of this application

Click or tap here to enter text.



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW



**Cancer Institute NSW**

## Applicant's Certification

### Privacy Notice

Applicants, as part of their application, consent to the information supplied being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. This includes, but is not limited to, independent readers/assessors requested to provide advice, and relevant representatives and employees of the AH&MRC grant programs process. The AH&MRC may publicise and report on the awarding, including use of funds, for media releases, general announcements and annual reports. Documents containing personal information are handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998 which sets the standard for the collection, storage, use and disclosure of, and access to personal information.

*I certify that:*

1. The details provided in the application form and attachments are true and correct.
2. The eligibility criteria set out in the accompanying guidelines have been met.
3. The nominated ACCHO approves the application for submission, and, if successful, will enter into an agreement with the AH&MRC and comply with the terms.

<b>Name</b>	Click or tap here to enter text.
<b>Position Title</b>	Click or tap here to enter text.
<b>Signature</b>	Click or tap here to enter text.
<b>Date</b>	Click or tap to enter a date.

