



Authorised Agent Request

Successful Offeror Details

1	Standing Offer Arrangement (SOA) name/number	Medical Aids Subsidy Scheme (MASS) SOA 99/3/1 – Supply of Assistive Technology (AT) for Home Use.
2	Supplier name	
3	Supplier address	
4	Supplier phone number	
5	Supplier contact name	

Add New Agent

Update Details

Remove Agent

Agent Details

1	Agent name	
2	Agent ABN	
3	Agent address	
4	Agent phone number	
5	MASS point of contact name	
6	MASS point of contact phone number	
7	Agent fax number	
8	Agent email address	
9	MASS will deal directly with the successful offeror (supplier) for all MASS requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Will payment be made directly to the successful offeror or to the new agent?	<input type="checkbox"/> Supplier <input type="checkbox"/> Agent - complete EFT Payment Request Form .
11	Is the agent Quality Assurance certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is the agent distributor only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is the agent a repairer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Is the agent authorised to conduct warranty repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is the agent authorised to provide seating modifications on AT Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16 If yes, please indicate the warranty period on modifications

17 Does the agent meet [Vaccination requirements](#) for Contractors and agency staff working for Queensland Health?

Yes No

Please refer to the:

- [VPD Risk Roles](#)
- [VPD Evidence Requirement Guide](#)

Vaccination

Hepatitis B
Measles, Mumps, Rubella.
Varicella
Pertussis

Risk Category

Direct Patient Contact	Indirect Patient Contact
Mandatory	Recommended
Mandatory	Mandatory
Mandatory	Mandatory
Mandatory	Mandatory

18 Please attach copy of authorised agent providing a written undertaking **using company letterhead** to abide by the terms and conditions of this Standing Offer Arrangement, including pricing.

19 Please submit completed form with the required attachments to MASS-Procurement@health.qld.gov.au