



## HEALTH WORKFORCE PLANNING TOOL REQUEST FORM

Title: \_\_\_\_\_ Full name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

The Health Workforce Planning Tool and its underlying methodology vest in and are owned by the Commonwealth Department of Health.

The Commonwealth Department of Health does not provide any support in relation to the Health Workforce Planning Tool beyond what is included in the instruction manual.

**Please accept the following conditions of use by signing in the space provided.**

1. The Commonwealth Department of Health grants my organisation the non exclusive right to use the software and accompanying files only for the purpose stated in the instruction manual.
2. Sharing the software and accompanying files with organisations external to my own is not permitted.
3. Replicating the software and accompanying files is not permitted; however, copying the software and accompanying files to various computers within my organisation only is permitted.
4. The software may only be used for health workforce planning purposes.
5. Selling the software and accompanying documents is not permitted.
6. Reverse-engineering the software is not permitted.
7. The Commonwealth Department of Health and the Health Workforce Planning Tool must be acknowledged when publishing results obtained via the software.
8. The Commonwealth Department of Health provides no warranty as to the fitness for purpose of the software and the organisation agrees to hold harmless the Commonwealth Department of Health in relation to any loss or damage caused to the organisation as a result of use of the Health Workforce Planning Tool.
9. I am responsible for my organisation with regard to the use of the Health Workforce Planning Tool and its content.

Infringement of any of the eight conditions constitutes grounds for revoking permission to use the Health Workforce Planning Tool.

Please note that consultancies and other for-profit organisations are ineligible to receive the Health Workforce Planning Tool.

I agree to the above eight conditions governing the use of the Health Workforce Planning Tool on behalf of the Organisation.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send your completed form to:  
[healthworkforce@health.gov.au](mailto:healthworkforce@health.gov.au)

Upon receipt of this form, your copy of the compact usb stick the software and accompanying files will be shipped to you.