

Central Eastern Aged Care Alliance

Expression of Interest Form

Contact details:

Contact Name:

Business Name:

Address:

Email:

Phone:

Please enter a brief description of what goods and services your business supplies.

Industry
Qualifications /
Standards:

Insurances:

This form is an **expression of interest only**; the full details of the project and the desired outcomes will be provided in an Invitation to Tender.

Please email and return to eo@wheatbeltbusinessnetwork.com.au