

Know Your Options – New Service Provider Application Form

This application form is to have your service listed on the Know Your Options website. Your application will be considered by SA Health and we will get back to you within 28 days of applying to be listed. **Please ensure all fields are complete, incomplete applications will be returned.**

<u>SERVICE DETAILS</u>														
Organisation/Service Name:														
Program:														
Service Address:														
<p>Service Type: Please tick all boxes that apply</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Assessment and Referral</td> <td style="width: 33%;">Peer Support</td> <td style="width: 33%;">Medication Assisted Treatment</td> </tr> <tr> <td>Counselling</td> <td>Support Groups</td> <td>Non-residential Rehabilitation</td> </tr> <tr> <td>Family Support</td> <td>Outreach Services</td> <td>Withdrawal Management</td> </tr> <tr> <td>Other (please specify):</td> <td>Sobering Up Services</td> <td>Residential Rehabilitation</td> </tr> </table>			Assessment and Referral	Peer Support	Medication Assisted Treatment	Counselling	Support Groups	Non-residential Rehabilitation	Family Support	Outreach Services	Withdrawal Management	Other (please specify):	Sobering Up Services	Residential Rehabilitation
Assessment and Referral	Peer Support	Medication Assisted Treatment												
Counselling	Support Groups	Non-residential Rehabilitation												
Family Support	Outreach Services	Withdrawal Management												
Other (please specify):	Sobering Up Services	Residential Rehabilitation												
<p>Target Population: Please tick all boxes that apply</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Aboriginal</td> <td style="width: 33%;">Family and Friends</td> <td style="width: 33%;">Women</td> </tr> <tr> <td>Culturally and Linguistically Diverse</td> <td>Under 25</td> <td></td> </tr> </table> <p>Other (please specify):</p>			Aboriginal	Family and Friends	Women	Culturally and Linguistically Diverse	Under 25							
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Culturally and Linguistically Diverse	Under 25													
Service Description:														
Statewide Service:														
Opening Times & Hours:														
<p>Areas Covered (region, post code, suburbs):</p>														

Referral Required:

Service Cost:

SERVICE CONTACT DETAILS

Contact Name:

Phone Number:

Mobile:

Fax:

Website:

Email:

Facebook:

SERVICE ACCREDITATION

Does this Service have Quality Accreditation: (e.g. ISO 9001:2000, QIC, QIP, ASES)

**Please attach evidence of accreditation with expiry date (e.g. certificate)*

Quality Accredited by:

Quality Accreditation expiry date:

PROFESSIONAL REGISTRATION (Applies to individuals/health professionals)

Is this Service/Provider registered with a professional body (e.g. AHPRA)?

Registration details:

SERVICE FEEDBACK/COMPLAINTS

Please provide information about your complaints policy/process and where to direct feedback received by DASSA:

Are you willing to respond/provide outcomes to DASSA regarding any feedback we forward through?

SERVICE FUNDING

What is the main funding source for the service? (e.g. Commonwealth or SA Health funded)

For more information
Alcohol and Drug Information Service (ADIS)
Phone: 1300 131 340 (8:30AM – 10:00PM)
HealthDASSAADIS@sa.gov.au