

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.**

SERVICE DETAILS		
Organisation/Service Name:		
Program:		
Service Address:		
Service Type: Please tick all boxes that apply		
<input type="checkbox"/> Assessment and Referral	<input type="checkbox"/> Sobering Up Services	<input type="checkbox"/> Aboriginal Services
<input type="checkbox"/> Counselling	<input type="checkbox"/> Outreach Services	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Medication Assisted Treatment (MATOD)	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Alcohol and other drug education
<input type="checkbox"/> Non-residential Rehabilitation	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Health Promotion and advocacy
<input type="checkbox"/> Residential Rehabilitation	<input type="checkbox"/> Family Support	
<input type="checkbox"/> Withdrawal Management	<input type="checkbox"/> Mental Health	
Target Population: Please tick all boxes that apply		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Family and Friends	<input type="checkbox"/> Women
<input type="checkbox"/> Culturally and Linguistically Diverse	<input type="checkbox"/> Under 25	
Other (please specify):		
Service Description:		
Statewide Service:		
Opening Times & Hours:		
Areas Covered (region, post code, suburbs):		

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)

Please return your completed form to:

Alcohol and Drug Information Service (ADIS)

Phone: 1300 131 340 (8:30AM – 10:00PM)

HealthDASSAADIS@sa.gov.au