

Know Your Options – Update Service Provider Details Form

This form is to update the details of your service listed on the Know Your Options website. Your form will be processed by SA Health and we will get back to you once the updates have been made.

Please ensure all fields are complete, incomplete applications will be returned.

<u>SERVICE DETAILS TO BE UPDATED</u>														
Organisation/Service Name:														
Program:														
Service Address:														
<p>Service Type: Please tick all boxes that apply</p> <table border="0"> <tr> <td>Assessment and Referral</td> <td>Peer Support</td> <td>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 border="0"> <tr> <td>Aboriginal</td> <td>Family and Friends</td> <td>Women</td> </tr> <tr> <td>Culturally and Linguistically Diverse <small>(please specify below)</small></td> <td>Under 25</td> <td></td> </tr> </table> <p>Other (please specify):</p>			Aboriginal	Family and Friends	Women	Culturally and Linguistically Diverse <small>(please specify below)</small>	Under 25							
Aboriginal	Family and Friends	Women												
Culturally and Linguistically Diverse <small>(please specify below)</small>	Under 25													
Service Description:														
Statewide Service:														
Opening Times & Hours:														
<p>Areas Covered (region, post code, suburbs):</p>														

Referral Required:

Service Cost:

SERVICE CONTACT DETAILS TO BE UPDATED

Contact Name:

Phone Number:

Mobile:

Fax:

Website:

Email:

Facebook:

SERVICE ACCREDITATION/REGISTRATION TO BE UPDATED

Please provide updated details (e.g. ISO 9001:2000, QIP, QIC, ASES)

Accreditation details to be updated (*Please attach accreditation with expiry date (e.g. certificate))

For more information

Alcohol and Drug Information Service (ADIS)

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

HealthDASSAADIS@sa.gov.au