

Know Your Options – Update 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 TO BE UPDATED																				
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>Sobering Up Services</td> <td>Aboriginal Services</td> </tr> <tr> <td>Counselling</td> <td>Outreach Services</td> <td>Youth Services</td> </tr> <tr> <td>Medication Assisted Treatment (MATOD)</td> <td>Mental Health</td> <td>Clean Needle Program</td> </tr> <tr> <td>Non-residential Rehabilitation</td> <td>Family, Peer and Support Services</td> <td></td> </tr> <tr> <td>Residential Rehabilitation</td> <td></td> <td></td> </tr> <tr> <td>Withdrawal Management</td> <td></td> <td></td> </tr> </table>			Assessment and Referral	Sobering Up Services	Aboriginal Services	Counselling	Outreach Services	Youth Services	Medication Assisted Treatment (MATOD)	Mental Health	Clean Needle Program	Non-residential Rehabilitation	Family, Peer and Support Services		Residential Rehabilitation			Withdrawal Management		
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<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</td> <td>Under 25</td> <td>LGBTI</td> </tr> </table>			Aboriginal	Family and Friends	Women	Culturally and Linguistically Diverse	Under 25	LGBTI												
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Other (please specify):																				
Service Description:																				
Statewide Service:																				
Opening Times & Hours:																				

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, QIC, QIP, ASES)

Accreditation details to be updated:

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

Please return your completed form to:

Alcohol and Drug Information Service (ADIS)

Phone: 1300 13 1340 (8:30AM – 10:00PM)

HealthDASSAADIS@sa.gov.au