

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>Support Groups</td> <td>Alcohol and other drug education</td> </tr> <tr> <td>Non-residential Rehabilitation</td> <td>Peer Support</td> <td>Health Promotion and advocacy</td> </tr> <tr> <td>Residential Rehabilitation</td> <td>Family Support</td> <td></td> </tr> <tr> <td>Withdrawal Management</td> <td>Mental Health</td> <td></td> </tr> </table>			Assessment and Referral	Sobering Up Services	Aboriginal Services	Counselling	Outreach Services	Youth Services	Medication Assisted Treatment (MATOD)	Support Groups	Alcohol and other drug education	Non-residential Rehabilitation	Peer Support	Health Promotion and advocacy	Residential Rehabilitation	Family Support		Withdrawal Management	Mental Health	
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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></td> </tr> </table>			Aboriginal	Family and Friends	Women	Culturally and Linguistically Diverse	Under 25													
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Other (please specify):																				
Service Description:																				
Statewide Service:																				
Opening Times & Hours:																				
Areas Covered (region, post code, suburbs):																				

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