# 3 Service Context Information Request Form

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| **To:** | <Service Manager> |
| **From:** | <Lead Auditor> |
| **Return address:** |  |

Please provide the following information for the audit team.

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| **Service name:** |  |

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| **Premises name** | **Street address** | **Suburb** | **City** |
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| **Number of funded OST places** | **Number of service users at date of audit** | **Number and percentage of clients in shared care** | |
|  |  | <Number> | <Percentage>% |

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| --- | --- | --- |
| **Current waiting time** | **Number of community pharmacies** | **Number of authorised prescribers** |
|  |  |  |

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| --- | --- | --- | --- |
| **Staffing roles** | **Qualifications** | **Number and % of staff with no professional registration** | |
|  |  | <Number> | <Percentage>% |
|  |  | <Number> | <Percentage>% |
|  |  | <Number> | <Percentage>% |
|  |  | <Number> | <Percentage>% |