# 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 usersat date of audit** | **Number and percentageof clients in shared care** |
|       |       | <Number> | <Percentage>% |

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| **Current waiting time** | **Number ofcommunity pharmacies** | **Number ofauthorised prescribers** |
|       |       |       |

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