

Service Type Outlet Form 2018–19

A separate Service type outlet form should be filled in for each NDA-funded service type outlet (i.e. for each NDA-funded service type provided at or from a given location). Your NDA funding department should have filled in items A–G before your agency received this form. Please check the responses using the Data Guide—pages 18–32, initially for any queries you may have.

A. Funded agency ID

B. Service type outlet ID

C. Service type .

D. Service type outlet postcode

E. Service type outlet SLA

F. Funding jurisdiction

G. Agency sector

Service type outlet name: _____

Funded service type: _____

Please verify the information provided above.

Contact Name _____

Title or position _____

Email _____

Phone number

Fax number

Please turn over >

1. Has this service type outlet been funded for the full financial year?

Yes 1

No 2

See Data Guide page 33

2. How many weeks per year does this service type outlet usually operate?

See Data Guide page 34

'No regular pattern of operation through a year' includes seasonal services such as Christmas holiday programs.

No regular pattern 90

OR

3. How many days per week does this service type outlet usually operate?

See Data Guide page 35

'No regular pattern of operation through a week' includes school holiday programs.

No regular pattern 90

OR

4. How many hours per day does this service type outlet usually operate?

See Data Guide page 36

'No regular daily pattern of operation' includes flexible hours, on call, 24 hour sleepover etc. Please do not provide the number of hours per week.

No regular pattern 90

OR

Staff hours: What were the total hours worked by staff (including those worked by contracted staff) and volunteers working on behalf of this service type outlet:

5. In the 7-day reference week preceding the end of the reporting period?

Paid staff –
paid hours worked by staff including contracted staff.

a)

Unpaid staff –
unpaid hours worked by staff and volunteers.

b)

See Data Guide page 37

6. In a typical (or average) 7-day week?

a)

b)

See Data Guide page 40

Please enter a dash (–) in the right hand box for any category where the value is 'nil'. Please round hours up to the nearest whole hour.

If the service type of this service outlet is 'Other support' (7.01–7.04) please do not complete question 7 and do not fill out any Service user forms.

7. How many service users received this service type from this service type outlet during the reporting period?

See Data Guide page 43

Please do not provide numbers of 'beds' or 'places' or 'instances of service'.

Thank you for your time and effort.