CSTDA*NMDS*

Commonwealth-State/Territory Disability Agreement
National Minimum Data Set Collection

Name and Address (please correct any errors)

Service type outlet form 2003-2004

A separate Service type outlet form should be filled in for each CSTDA-funded service type outlet (i.e. for each CSTDA-funded service type provided at or from a given location). Your CSTDA funding department should have filled in items A-G before your agency received this form. Please check the responses using the Data Guide - pages 16-29, 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.

Please name a person in your service type outlet/funded agency who is involved in completing the forms and can be contacted about any queries. Please print.

Contact Name _____

Title or position _____   Email _____

Phone number

Fax number

Please turn over >

1. Has this service type outlet operated for the

full 2003-04 financial year?

Yes ☐ 1   No ☐ 2

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

☐☐

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

or

No regular pattern ☐ 90

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

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

or

No regular pattern ☐ 90

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

☐☐

'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.

or

No regular pattern ☐ 90

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:

	Paid staff – paid hours worked by staff including contracted staff.	**Unpaid staff** – unpaid hours worked by staff and volunteers.	
5. In the **7-day reference preceding the end of the reporting period?**	a) ☐☐☐☐☐	b) ☐☐☐☐☐	
6. In a **typical 7-day week?**	a) ☐☐☐☐☐	b) ☐☐☐☐☐	

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.

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

☐☐☐☐☐

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

Thank you for your time and effort.