#### Application for licence to use the Your Experience of Service survey

##### Details of organisation seeking the licence

Organisation name (required):

ABN (required):

Sector (must select one):

Specialised mental health services provided (please describe):

##### Intended use

Do you intended to use the survey on an organisation-wide basis or for selected services? Please provide a brief description of intended use (required):

How frequently do you intend to use the survey (must select one):

##### Details of the individual authorised to enter a licence agreement of behalf of the organisation

Full name (required):

Job title (required):

Postal address (required):

Phone number (required):

Email address (required):

##### Details of contact officer for further information (if different from above)

Full name:

Job title:

Postal address:

Phone number:

Email address: