



National Standards Assessment Program – Sign-up

On receipt of your sign-up form you will be provided with further information to assist in preparation to undertake self-assessment. *This will include mail, online support and email contact.*

For further information on NSAP, including sign-up you can access the NSAP website by selecting the NSAP logo on the PCA home page (www.palliativecare.org.au).

Organisation	
Name of Service _____	
Parent organisation (if relevant) _____	
Street address _____	
Suburb _____	State _____ Post Code _____
Does your service provide – please tick all applicable responses below	
<input type="checkbox"/> In patient (please specify no. of beds) _____	
<input type="checkbox"/> Consultancy based services (please select service setting) Community / Inpatient / Both (please specify estimated episodes of care per year) _____	
<input type="checkbox"/> Community based service (please specify average no. of clients per month) _____	
Using the capability and resource matrix in <i>A Guide to Palliative Care Service Development: A Population based Approach</i> , please tick the box that best describes your service	
<input type="checkbox"/> Specialist Palliative Care Level 1	<input type="checkbox"/> Specialist Palliative Care Level 2
<input type="checkbox"/> Specialist Palliative Care Level 3	<input type="checkbox"/> Primary Care
PCOC collecting agency – does your service participate in PCOC? Please indicate below	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service manager / executive officer	
Title _____	Given Name _____ Last Name _____
Position _____	
Email _____	
Telephone (_____) _____	Mobile _____

Please complete the form and return it to the NSAP team

- fax to (02) 6232 4434
- or email to nsap@palliativecare.org.au

FOR FURTHER INFORMATION CONTACT:

The NSAP team

Suite 4, 37 Geils Court, Deakin ACT 2600 PO Box 24, Deakin West ACT 2600

f: (02) 6232 4434 p: (02) 6232 4433 e: nsap@palliativecare.org.au

