

# Suicide Prevention Australia Quality Improvement Program Accreditation



## Registration Form

### 1. Accreditation Contact Details

Preferred Accreditation Contact (someone QIP can direct information to and contact regarding accreditation for all sites)	
Direct Number:	
Mobile Number	
Direct Email	
Position	

### 2. Site Details

Organisation Name			
Main Street Address			
	Suburb:	State:	Postcode:
Postal Address (if different from Street Address)			
	Suburb:	State:	Postcode:
Contact Numbers	Phone:	Fax:	
Sector	Private Y <input type="checkbox"/> N <input type="checkbox"/>	Public Y <input type="checkbox"/> N <input type="checkbox"/>	NGO Y <input type="checkbox"/> N <input type="checkbox"/> Other (please specify):
Alternate Contact Person (Name, Email and Direct Phone)	Name:	Email Address:	Direct Number:

### Sites in scope for Suicide Prevention assessment

Please list all sites/locations to be included in scope for Suicide Prevention Assessment and Accreditation (this includes Administration offices).

For any additional sites/locations, complete the Suicide Prevention Australia Standards Additional Site/Program Form available here: <https://bit.ly/3mBaDJt>

Site number	Site name (where applicable) and address	Management level on site
Site 1 (Main site)		
Site 2		
Site 3		

### Programs to be included in the scope for Suicide Prevention assessment

Please indicate which of the programs provided by your organisation are to be included in scope for the Suicide Prevention Assessment and Accreditation.

For any additional programs, complete the Suicide Prevention Australia Standards Additional Site/Program Form available here: <https://bit.ly/3mBaDJt>

Program Name <sup>1</sup>	Sites <sup>2</sup>	FTE of staff delivering services under the program

<sup>1</sup> Please list each program name provided by your organisation in scope of Suicide Prevention

<sup>2</sup> Please list sites from which each service type is delivered using site numbering (1 = main site, 2 = first additional site etc.) and list the address of each site in the table overleaf. E.g. if a program is delivered from sites 1, 3 and 7, enter: 1, 3, 7.

#### 4. Pricing and quotation

Please complete the quote section below and email this form and accompanying Additional Site/Program Forms (if applicable) to [info@qip.com.au](mailto:info@qip.com.au). Once submitted, a member of the QIP Team will be in contact with an official quote.

Price	Amount: \$1,550.00 per program
Number of programs	
Are you a current QIP Consulting client?	<p>YES:                  NO:</p> <p>If yes, please provide your QIP Consulting ID:</p>

#### 5. Authorisation

I, \_\_\_\_\_, as the Accreditation Contact named in this form am able to authorise and verify the information provided in respect to this registration for accreditation with QIP.

Name	
Signature	
Date	

### Contact QIP

To provide us your completed form contact us via:



PO Box 2058, Milton BC QLD 4064



1300 888 329



[info@qip.com.au](mailto:info@qip.com.au)



[www.qip.com.au](http://www.qip.com.au)



Quality  
Innovation  
Performance