



Referral for Consultancy

Date: _____

Contact Name: _____ Position: _____

Organisation: _____

Address: _____

Telephone No. _____ Fax No. _____

Email: _____ Mobile: _____

Type of Service Required:

- Strategic Planning
- Aged Care Service Review
- Quality Systems – Community, Residential, Retirement Village
- Review of Management of Organisational Structures
- Accreditation – Residential Aged care, Retirement Village
- Accountability Framework – CACP, EACH, NRCP
- Meeting HACCC Standards
- Restructuring
- Viability
- Funding and ACFI Reviews
- Change Management
- Other (please specify) _____

Please provide further information about the service required.

Are there any key issues/background information that we should know?

What would you want included in the consultancy?

What would you want excluded from the consultancy?

What outcome do you hope to achieve from this consultancy?

What is your time frame?

Please fax to: 02 9743 4557

**or send to: ACS Consultancy
Level 3, 9 Blaxland Rd
RHODES, NSW, 2138**

Or email jillp@agedservices.asn.au

Office Use

Date Received: _____

Appropriate / Inappropriate (Circle)

Urgent / Non-urgent (Circle)

Approved by: _____ Date: _____

Referred to: _____ Date: _____