



Community Information Database

Local information for Connecting Up Australia

Please complete the following form and return as soon as possible to:
Customer & Community Services, City of Charles Sturt, PO Box 1, Woodville 5011
Tel. 8408 1111, Fax 8408 1122, email community@charlessturt.sa.gov.au

Your information will be added to or updated on www.sacommunity.org

Your Organisation

Official Organisation name: _____

Is your organisation officially incorporated? Yes No

Address (i.e. office or meeting location): _____

Other names by which is commonly known (if any): _____

Postal address (if different from address above): _____

Branch offices (if any): _____

Telephone (for publication): _____ Fax (for publication): _____

After hours (for publication): _____ Mobile No. (for publication): _____

TTY: _____ Email: _____

1800 / 13 no. _____ Web: _____

Question 2 - Is your organisation part of a wider 'parent' or organisation?

If 'Yes', please specify: _____

Question 3 – What ours is your office open to customers? Mon – Fri 9am – 5pm

Other (including meeting times) – please specify: _____

Question 4 - Does your organisation have eligibility requirements for services? Yes No

If 'Yes', please indicate these requirements, eg age, cultural background, health status (eg disability), place of residence, occupation, religion, gender, etc _____

Question 5 - Does your organisation charge fees for services provided? Yes No

Question 6 - Does your organisation provide any of the following for people with disabilities?

- Accessible entrance for people using wheelchairs
- Toilet facilities for wheelchair users
- Other facilities eg designated parking spaces, audio loop. Please specify: _____

Question 7 - Does your organisation have an accredited interpreter who is responsible for offering interpreting services on the premises? Yes No

Please specify languages: _____

Question 8 - Please list all the services that your organisation provides as clearly as possible.

Question 9 - Any additional information which may help clarify the functions of your organisation.

About the person completing this form:

Name: _____

Position: _____

Telephone: _____

AUTHORISATION The information you have provided will be included in the Directory of Community Services and SA Community database. It will also be made available via the internet at www.sacommunity.org

Please sign below to indicate that you accept this use of information.

Signature: _____ Date: _____