



## **NGO DRUG AND ALCOHOL AND MENTAL HEALTH INFORMATION MANAGEMENT PROJECT PILOT GROUP**

### ***EXPRESSION OF INTEREST FORM***

**Please submit your EOI by 5pm Monday 21 December 2009**

**Form can be submitted electronically or in hard copy**

Hard copy to:  
Jo Khoo  
NADA  
PO Box 2345  
STRAWBERRY HILLS NSW 2012

Electronic copy to:  
[jo@nada.org.au](mailto:jo@nada.org.au)

**EXPRESSION OF INTEREST APPLICATION**

**1. ORGANISATION DETAILS**

Organisation name	
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**Authorised contact persons**

	Preferred contact	Alternative contact
Title and name		
Position		
Telephone/s		
Email		

**2. WHAT IS THE CORE BUSINESS OF YOUR ORGANISATION**

*You may select more than one option by underlining*

**Prevention programs**

- AOD specific community education       School based AOD programs

**AOD Treatment**

- Pharmacotherapies       Detoxification       Residential rehabilitation  
 Therapeutic community       Outpatient counselling       Case management  
 Day programs

**Other**

- Family support       Policy       Living skills programs  
 Workplace AOD       Research       Needle & syringe program  
 Other - Please specify \_\_\_\_\_

**Does your agency/service specifically TARGET any population group?**

*You may select more than one option by underlining*

- Men       Women       Young people  
 Parents with children       Families       Indigenous Australians  
 Injecting drug users       Homeless people  
 Culturally and linguistically diverse communities  
 People with both mental health & AOD problems  
 People connected to/from the criminal justice system  
 Other – Please specify \_\_\_\_\_

**Note:** If you are not submitting an electronic copy, please attach additional pages with your answers referencing the question number.

**Please provide a brief description of your organisation**

*(max 200 words)*

**Will your whole organisation be participating in the pilot group?**

Yes

No

**If you answered no above, please provide information on the specific program/service that will be participating in the pilot group** *(Consider program focus, size, staffing profile)*

**Does your organisation have access to meeting facilities with a data projector, laptop and the internet that will be suitable for team training?** *(This question is not a selection criterion; it is for organisational and planning purposes only)*

Yes

No

**How will your organisation support the implementation of the outcomes data collection system into routine service delivery?** *(Consider identifying leader/s in your organisation, review of policies and procedures, implementation review meetings, time, resources, staff allocation, staff skills)*

**How will your organisation be able to use and benefit from information gathered through outcomes monitoring?**

**Other details (optional)**

*(Summarise other information that supports your EOI)*

## 7. APPLICATION AGREEMENT

If this application is successful we understand that we must enter into an agreement with NADA outlining the roles and responsibilities of my organisation and NADA in participating in the pilot process.

If my organisation is selected as a member of the pilot group, we agree that:

- The organisation and a description of this project may be:
  - Used in media releases, presentations and other related publications
  - Used in project reporting documents.
- Any grant funds distributed by NADA through this project to support my organisation's participation in the pilot group will be used only for its intended purpose.
- We will participate in, and provide relevant information to NADA for the purpose of reporting, monitoring and evaluation.

Signing below indicates:

- a) all information provided in this application is true and correct at the time of writing
- b) an understanding that by submitting this EOI form it does not guarantee participation in the pilot group.

Name and position	
Signed and dated	