

INTERIM FORM



Response Form for Best Endeavours Requests for Service from the Department of Community Services

This form must be provided to the Central Register and to the DoCS Centre from where the request originated.

1. Today's Date: \_\_/\_\_/\_\_

Details:

- 2. Health Service Name:
3. Health Service Type Requested:
4. DoCS Reference Number:
5. CIS No(s) of Child(ren) concerned:
6. Client Date of Birth:
7. Date of Request:
8. Date & time received at Health Service:
9. Date & time considered by Health Service:

10. Source of Request:

- Request received from CSC / JIT.
OR
Request received from DoCS Helpline.

Signed:
Name:
Service Manager

Outcome of Request

Contact with DoCS must be made within 2 working days of receiving the request.

Request Accepted.

- 11. Estimated time of service provision:
Service provided before written request
Immediately (within 2 days)
Between 3 - 7 days
Between 1 and 2 weeks
Between 2 and 4 weeks
Between 4 and 6 weeks
Between 6 and 8 weeks

OR If waiting time is outside this timeframe:
Request has been prioritised on the waiting list for the next vacancy.

OR
Request has been placed on the waiting list to be assessed according to priority against other demands.

12. Reason why Request Not Accepted.

- Service requested is not currently provided due to staff vacancy.
OR
Service requested is not consistent with the service responsibilities.
OR
Providing the service would prejudice the discharge of the service functions.
OR
Service requested is not currently provided due to other reason.
OR
Request has been transferred to an alternate Health Service which has agreed to accept the request.

Service Contact Details:

Service Name
Contact Name
Phone
Fax
email