

Site Details Form

A form needs to be completed for each venue that will be used to deliver a lifestyle modification program.

Business Name: _____

Name of lifestyle modification program _____

Venue Details:

*Name of Venue: _____

Address: _____

Suburb: _____ Postcode: _____

Division: _____ This information can be obtained from: <http://www.agpn.com.au/site/index.cfm?module=DIVISION>

Telephone number: (____) _____

*Facsimile number: (____) _____

*Email address: _____

*Does the venue have disable access:

Yes

No

*Other facilities/features of the venue: _____

*Anticipated lifestyle modification program availability (eg. mornings/ afternoon/ evenings/ weekends): _____

*Information is not required however additional details may assist general practitioners select a suitable program when making a referral.