Community Participant Request Form

Requestor Details

Contact person:	**Date:**
DASSA unit:	**Location:**
Email:	**Phone:**

Engagement Details

What is the timeframe for the opportunity (when; for how long; etc)?
Describe the participation/engagement opportunity? (Attach supporting documentation eg project plan, TOR etc if available)
Describe the role of the community participant and types of activity they will be participating in?

Are there any specific experience requirements eg representative of particular community, used a specific service , age group, cultural group etc
Further information to assist in the engagement:

Signed _____

Date _____

Please return this form by post or email to:

Community Partnership Program
Drug and Alcohol Services South Australia
91 Magill Road Stepney SA 5069

dassacpp@health.sa.gov.au

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