



Government of **Western Australia**
Department of **Communities**

STANDARDS MONITORING UNIT

SERVICE PROFILE

Please complete for the Service being monitored.

Name of Service or work unit name:	
Address:	
Principal Contact person:	
Title:	
Phone:	
Email:	
Times available for contact:	
Date of monitoring visit: <i>(please indicate preference for dates if not already determined)</i>	
Date of Preliminary Meeting: <i>(please indicate preference for date and times if not already determined)</i>	



Other Relevant Details:

Please indicate below any other information (if any) which you believe may be relevant in planning the monitoring visit.

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Service Information:

Brief History of the Service (For example, when the service commenced, its purpose and any other significant information for the monitors to consider.)

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Staff composition:

Title		Numbers	Full time equivalent
Manager/s			
Supervisor/s			
Key Workers	Aboriginal		
	Non-Aboriginal		
	CaLD		
Carers	Aboriginal		
	Non-Aboriginal		



	CaLD	
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Service Funding
(Please provide information about how many placements are provided by the funding, how many placements have been filled over the past 12 months)

Number of placements provided by funding:

Number of placements that have been filled:

Does the service have an established consumer representative body?
(For example, do the children and young people and/or carers have a say in the operations of the service?)

Partnerships with Aboriginal Community Controlled Organisations?
(Does the Service have a partnership, agreement, Memorandum of Understanding with any ACCOs, if yes, please provide details and any supporting documents)

Other stakeholders
(for example, identify groups or organisations with an interest in your service, such as parent groups, services for CaLD groups, local advocacy services, local government or other relevant local service providers.)

Does the service have an established consumer representative body:

Partnerships with Aboriginal Community Controlled Organisations:

Other stakeholders:



Previous Monitoring Required Actions and Outcomes (Do not complete for cycle three)

Standard	Required Action strategies from previous monitoring cycle	Strategies/Barriers
		<p>Strategies that were implemented by the service to achieve the required actions?: <i>(What worked and why? Or what didn't work and why?)</i></p> <p>Barriers: <i>(What barriers has the Service identified that prevent the required action being completed, and what steps has the Service taken to overcome the barrier/s)</i></p>