April – May, 2019

Application form

Population Health Survey Module System (PHSMS)

# The following application form is to be used by all subscribers interested in participating in the South Australian Population Health Survey Module System (PHSMS). Forms should be returned electronically to the Population Health Surveys Team [PopHealthSurveys@sa.gov.au](mailto:PopHealthSurveys@sa.gov.au).

Application Guide

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| Item Heading | *Notes* |
| 1. Name of the applying organisation | *Please provide the formal name of the organisation* |
| 1. Australian Business Number (ABN) for applying organisation | *The applying organisation must have an ABN.* |
| 1. Contact details for applying organisation | *These details will help us to contact your organisation. Please note that applications must be submitted by an authorised officer of the applying organisation.* |
| 1. Name of the contact person |
| 1. E-mail address |
| 1. Location address |
| 1. Postal address |
| 1. Title of your PHSMS project | *Provide a short description title of no more than 20 words.* |
| 1. What are the aims of this project? | *This section should explain what your PHSMS project wants to achieve.* |
| 1. How is this project related to health and wellbeing? | *Please describe the relationship of your PHSMS to health and wellbeing.* |
| 1. The target population for the project | *If you require a specific population group that differs from a standard PHSMS (randomly selected South Australian adults n= 3000, then please provide us demographics (e.g., age group, number) of the target population.* |
| 1. How many questions are to be included in the PHSMS? | *Please provide the number of questions that you want to include in the April/May 2019 survey.* |
| 1. Please list proposed questions that are to be included in the PHSMS. | *Please provide the list of proposed questions with possible options of answer.* *(Note –the Population Health Surveys team can assist with question design on receipt of this application form)* |

If you require assistance or have questions please contact the Population Health Surveys Team on [PopHealthSurveys@sa.gov.au](mailto:PopHealthSurveys@sa.gov.au).

Application form

Application is to be submitted electrically to [PopHealthSurveys@sa.gov.au](mailto:PopHealthSurveys@sa.gov.au).

1. Name of the applying organisation

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1. Australian Business Number (ABN) for applying organisation

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1. Contact details for applying organisation

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| 1. Name of the contact person |  |
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1. Title of your PHSMS project

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1. What are the aims of this project?

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1. How is project related to health and wellbeing?

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1. The target population for the project

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1. How many questions are to be included in the PHSMS?

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1. Please list proposed questions that are to be included in the PHSMS. (Note –the Population Health Surveys team can assist with question design on receipt of this application form)

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For more information:

Contact the Prevention and Population Health Branch

Email [PopHealthSurveys@sa.gov.au](mailto:PopHealthSurveys@sa.gov.au)  
Call: 8226 6545  
Visit: [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)/saphs