Aboriginal Oral Health Program

Resources Request Form – SA Dental

Date: ___/___/______

Requesting person’s name: _______________________________________________________________________

Phone number: __________________________________________________________________________________

Organisation: ___________________________________________________________________________________

Role within organisation: _________________________________________________________________________

_______________________________________________________________________________________________

Reason for request: _____________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Approximate number of people total: __________

Demographics (Ages and number of participants per age)

☐ 0-5: ____ ☐ 5-12:____ ☐ 12-18:____ ☐ 18+:____

Delivery address for items: _______________________________________________________________________

_______________________________________________________________________________________________

* please note deliveries can take up to 3 weeks to process + send/delivery times

Other Participating Organisations: __________________________________________________________________

_______________________________________________________________________________________________

Size | Resource Title | Amount/Notes
---|----------------|---------------
Bottle | Drink Bottles | |
DL/ Postcard | Aboriginal Liaison Program Fail To Attend (FTA) card | |
A5 | AOHP Pregnancy Referral Pads | |
A3 | AOHP Antenatal Flip Chart | |
A3 | AOHP Keep Smiling Flip Chart | |
A4 Trifold | AOHP Brochure | |
A4 Fact Sheet | Program Eligibility List | |
A4 Trifold | Tips for Healthy Teeth | |
Fact sheet | Brushing Teeth | |
DL/ Postcard | AOHP Lift the Lip | |
DL/ Postcard | AOHP Preschool | |
DL/ Postcard | AOHP Primary school | |
DL/ Postcard | AOHP Teen | |
DL/ Postcard | AOHP Adults | |
DL/Postcard | AOHP Pregnancy | |
<table>
<thead>
<tr>
<th>Size</th>
<th>Resource Title</th>
<th>Amount/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4 Poster</td>
<td>Port Power- Brush Twice Daily</td>
<td></td>
</tr>
<tr>
<td>A4 Poster</td>
<td>Port Power- Your Toothbrush is Your Own</td>
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<tr>
<td>A4 Poster</td>
<td>Port Power- Plain Tap Water is the Best Drink</td>
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<tr>
<td>A4 Poster</td>
<td>Port Power- Choose Healthy Snacks</td>
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<tr>
<td>A4 Poster</td>
<td>Port Power- Combined Messaging Poster</td>
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<tr>
<td>Tooth Brushes</td>
<td>Children</td>
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</tr>
<tr>
<td>Tooth Brushes</td>
<td>Adult</td>
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<tr>
<td>Toothpaste</td>
<td>Children</td>
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<td>Toothpaste</td>
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<td>Toothpaste</td>
<td>Sensitive</td>
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<tr>
<td>Calco Bags</td>
<td>Teal Calco Bags</td>
<td></td>
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</tbody>
</table>

Signed: __________________________

**SADS Contact information:**
Aboriginal Oral Health Program
SA Dental, SA Health
Phone: 7117 0080
Email: health.SADSAOHP@sa.gov.au

**Health Promotion Use Only:**

Date Request Received: ___/___/______

Approved □  Partially Approved □  Not Approved □

Reason: ________________________________________________________________  
______________________________________________________________________
______________________________________________________________________

Date Items Shipped/ Delivered: ___/___/______

Person Responsible: ______________________________________________________  
Signed: __________________________________________________________________  
Recorded on Resource Tally spreadsheet □