



HEALTH SERVICE REQUEST FOR ALLIED HEALTH SERVICE

Where a Health Service within SA Health wishes to utilise the services of an allied health professional who is not an employee of SA Health (external AHP), a service agreement is required. If no contract for service or overarching service agreement is in place, this form can be used to document the service agreement between an external allied health professional and the health service.

REQUEST FOR ALLIED HEALTH SERVICE

To be completed by the AHP Manager/Senior AHP

I, _____ (*insert manager/senior name*) as the
Manager/ Senior AHP of _____ (*profession*) request
_____ (*name of AHP*) to provide
_____ services (*specify service type, e.g. Clinical Education*)
within the _____ facility (*specify SA Health facility/clinical area*).

The cost for the requested services is the responsibility of _____
(*specify if Health Service, external funding provider, individual client*).

.....
SIGNATURE

.....
NAME (MANAGER/SENIOR AHP)

.....
DATE

OR Only where a relevant allied health governance structure is not available, to be completed by another Authorised Clinician (medical doctor or nurse):

.....
SIGNATURE

.....
NAME (AUTHORISED CLINICIAN)

.....
DATE

EXTERNAL AHP CONFIRMATION

I, _____ (*insert clinician name*) agree to provide the services specified above.

I further agree to contact _____ (*name of SA Health Key Contact, usually the Allied Health Manager/Senior AHP of the relevant profession*) prior to attending the Health Service/facility in order to receive orientation information and confirm arrangements relating to attendance at the site and provision of the service.

.....
SIGNATURE

.....
NAME (EXTERNAL AHP)

.....
DATE