Older Persons Portal Form

Name of Service:	
Phone:	
Fax:	
Other Contact:	
Email Address:	
Web Address:	
Street Address:	
Postal Address:	
Service Description:	
Hours:	
Fees:	
Public Transport:	Yes No
Referral Required:	Yes No
Eligibility Restrictions:	
Alternative Name:	
Parent Body:	
Disabled Access:	Yes No Parking Toilets Lifts Ramp (please circle)
Facilities Available for Public Use:	
Opportunities for Volunteers:	Please describe
Geographical Region Served:	ACT Region

The information supplied will be used to update details about your service in internet; disk based and printed community directories. Form completed by: (This information will not be published)

Name: _____ *Signed:* _____

Email address:_____ **(for future update notifications)**

Please update or add information as desired and return form to Office for Ageing, PO Box 158, Canberra, ACT, 2601 or by email: communityaffairs@act.gov.au.