|  | **ENAA502** | | **APPLICATION FOR SERVICE ACCREDITATION**  **assessor.info@enable.co.nz 0800 362 253** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To be completed by the DHB Service Manager*** | | | | | | | | | |
| **SERVICE DETAILS** | | | | | | | | |
| DHB Name | | | |  | | | | |
| Name of Service within DHB | | | |  | | | | |
| Name of person completing this form | | | |  | | | | |
| Position held in DHB | | | |  | | | | |
| **STREET/DELIVERY ADDRESS DETAILS – this is where the equipment will be delivered if not to a home address** | | | | | | | | | |
| Dept/Div/Section | |  | | | Suburb |  | | |
| Unit/Floor/Blg/Delivery Service | |  | | | City |  | | |
| Street/Box Lobby | |  | | | Postal Code |  | **RD#** |  |
| **CONTACT DETAILS – central person responsible for equipment application enquiries** | | | | | | | | | |
| Central contact person surname | |  | | | Central contact person first name |  | | |
| Business phone | |  | | | Mobile Number |  | | |
| Title of position held | |  | | | | | | |
| Business email address | |  | | | | | | |
| Preferable time and method for contact | |  | | | | | | |
| **TRANSACTION DETAILS** | | | | | | | | | |
| New application for accreditation | | | | | | | | |
| Amendment – please indicate change: | | | | |  | | | |
| **DECLARATION** | | | | | | | | | |
| **Service Accreditation Declaration:**  By completing and submitting this electronic application you are authorised by the District Health Board to make an application on their behalf and have ensured the District Health Board has met requirements for Service Accreditation as described in the EMS Manual. The District Health Board nominated central contact person will take responsibility  for tracking any application made under service accreditation should an EMS Provider have an enquiry in relation to that application.  **DATE** **/****/** | | | | | | | | | |