



Use this form to:

- Add or modify a Resource
- Add or modify a Book/Bookshelf
- Add or modify Slots
- Add a resource to an appointment/location/slot combination
- Configure an appointment type for TTH location
- Set up default request list (wait list)

Brief summary of request		
Service Group	Specialty	
Resource E.g. Dr John Smith (consultants only*); TTH ENT Registrar 01	Resource Name(s): 	
	Is this a new resource? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, continue onto Book Section)</i>	
	Complete details below for new Resource only	
	Resource Chargeable Status? <input type="checkbox"/> Bulk Bill and Public <input type="checkbox"/> Public only	
	Clinic open on Public Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Discipline: tick one <input type="checkbox"/> Doctor run clinic <input type="checkbox"/> Nurse run clinic <input type="checkbox"/> Allied Health run clinic <input type="checkbox"/> Other:	
Provider Type: choose the correct Provider Type from page 3		
Appointment Book (provide appt book path) E.g. The Townsville Hospital/Surgical Services Group – TTH /ENT	Is this a new book? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appointment Type(s) E.g. ENT New Note: If there is additional expenditure associated with the set up of a service, a concept brief must be supplied with this application.	Is this an appointment with scheduling orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Complete CCC & Tier 2 details below for new service only	
	CCC Name	CCC Code
	Tier 2 Name	Tier 2 Code
ESM Location Code(s) E.g. TTH SUROPD	TTH_ Is this a new location? <input type="checkbox"/> Yes <i>(if Yes, complete new location request form)</i> <input type="checkbox"/> No	
Slot Name(s) E.g. TTH ENT New or TTH ENT New Urgent	Is this a new slot/s? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Default Request List(s) E.g. ENT New – TTH	Only complete if adding or modifying a default request list Is this require a new request list? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Complete below for new Service only					
Is this service eligible for Commonwealth Growth Funding?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a contracted service?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Purchaser Identifier				Provider Identifier	
Cost Centres associated with service Please contact FACCT via email for any cost centre queries					
Clinic		Nursing		Admin	
Doctor		Allied Health		Other	

Requesting Officer (required signature)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Administration Team Leader/Manager (required signature)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Business Manager (required signature)			
Email	@health.qld.gov.au	Phone	
Signature		Date	

Service Group Reporting and Performance Coordinator / Manager (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Service Group Director authorisation (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Initiating Clinician (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
NUM Outpatient Clinics (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Medical Director (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	
Nursing Director (complete as applicable)			
Email	@health.qld.gov.au	Phone	
Signature		Date	



This form must progress through the following departments in the specified order:

1. Requestor: Contact Data Quality Unit for assistance with this form
2. Requestor: Complete the form, obtain signed approval and log a job via IT Support (with form attached). If urgent, email job number to THHS_DataQualityUnit@health.qld.gov.au
3. Data Quality Unit: If a new service, form will be emailed to FACCT
4. FACCT: Confirm concept brief has been approved at ERC for new services and email form back to Data Quality Unit
5. Data Quality Unit: Action request, complete IT Support job and email notification to requesting officer & Administration Team Leader/ Manager when completed.

NB: Incomplete forms (including forms submitted without required signatures) will be returned to the requestor for follow up action

Service Providers

AH-ALLIED HEALTH ASSISTANT	MO-SPEC-ENDOCRINOLOGIST	MO-SPEC-SURGEON, EAR, NOSE & THROAT
AH-AUDIOLOGIST	MO-SPEC-GASTROENTEROLOGIST	MO-SPEC-SURGEON, GENERAL
AH-DIETITIAN	MO-SPEC-GERIATRICIANS	MO-SPEC-SURGEON, NEUROSURGEON
AH -EXERCISE PHYSIOLOGIST	MO-SPEC-HAEMATOLOGIST, CLINICAL	MO-SPEC-SURGEON, ORAL / MAXILLOFACIAL
AH-MUSIC THERAPIST	MO-SPEC-IMMUNOLOGIST	MO-SPEC-SURGEON, ORTHOPAEDIC
AH-NEUROPSYCHOLOGIST	MO-SPEC-IMMUNOLOGIST, CLINICAL	MO-SPEC-SURGEON, PLASTIC AND RECONSTRUCT
AH-OCCUPATIONAL THERAPIST	MO-SPEC-INFECTIOUS DISEASES PHYSICIAN	MO-SPEC-SURGEON, VASCULAR
AH-OPTOMETRIST	MO-SPEC-INT CARE/ANAESTHETIC	MO-SPEC-UROLOGIST
AH-ORTHOPTIST	MO-SPEC-INTENSIVE CARE/INT MED	MO-SPEC-VENEREAL DISEASES
AH-PHARMACIST	MO-SPEC-MEDICINE-GENERAL/INT	NON-CLINICAL PROVIDER / HOME PROVIDER
AH-PHYSIOLOGIST	MO-SPEC-NEONATOLOGIST	NR-NURSE, ENROLLED
AH-PHYSIOTHERAPIST	MO-SPEC-NEPHROLOGIST	NR-NURSE, STUDENT
AH-PODIATRIST	MO-SPEC-NEUROLOGY	NR-REG-NURSE CLINICAL MIDWIFERY
AH-PROSTHETIST/ORTHOTIST	MO-SPEC-NUCLEAR MEDICINE	NR-REG-NURSE MIDWIFERY
AH-PSYCHOLOGIST	MO-SPEC-OBSTETRICIAN AND GYNAECOLOGIST	NR-REG-NURSE, ADON
AH-PSYCHOLOGIST, CLINICAL	MO-SPEC-OCCUPATIONAL MED	NR-REG-NURSE, CLINICAL
AH-SOCIAL WORKER	MO-SPEC-ONCOLOGIST, GYNAECOLOGIST	NR-REG-NURSE, CLINICAL CONSULTANT
AH-SPEECH THERAPIST	MO-SPEC-ONCOLOGIST, MEDICAL	NR-REG-NURSE, CLINICAL ADV PRACTITIONER
AH-THERAPY AIDE	MO-SPEC-ONCOLOGIST, RADIATION	NR-REG-NURSE, MANAGER
AH-THERAPY ASSISTANT	MO-SPEC-OPHTHALMOLOGIST	NR-REG-NURSE, MANAGER (NAVIGATOR)
MO-NON-SPEC-GENERAL PRACTITIONERS	MO-SPEC-OTHER	NR-REG-NURSE, NAVIGATOR
MO-NON-SPEC-OTHER	MO-SPEC-PAEDIATRICIAN	NR-REG-NURSE, PRACTITIONER
MO-NON-SPEC-SCIENTIST	MO-SPEC-PALLIATIVE CARE	NR-REG-OTHER
MO-SPEC-ALLERGIST	MO-SPEC-PATHOLOGIST, FORENSIC	OTH-ABORIGINAL AND TSI HEALTH PRACTITIONER
MO-SPEC-ANAESTHETIST	MO-SPEC-PSYCHIATRIST	OTH-AIN/PERSONAL CARE ATTENDANT
MO-SPEC-CARDIOLOGIST	MO-SPEC-PUBLIC HEALTH	OTH-ATSI LIAISON/HEALTH WORKER
MO-SPEC-CLINICAL CHEMISTRY	MO-SPEC-RADIOLOGIST	OTH-COUNSELLOR
MO-SPEC-CLINICAL PHARMACOLOGIST	MO-SPEC-REHABILITATION MED	OTH-PHYSICIAN'S ASSISTANT
MO-SPEC-CYTOPATHOLOGIST	MO-SPEC-RENAL MEDICINE	OTH-RADIATION THERAPIST
MO-SPEC-DERMATOLOGIST	MO-SPEC-RESPIRATORY PHYSICIAN	OTH-RADIOGRAPHER/SONOGRAPHER
MO-SPEC-DIAGNOSTIC RADIOLOGIST	MO-SPEC-RHEUMATOLOGIST	OTH-TECHNICIAN
MO-SPEC-EMERGENCY MEDICINE	MO-SPEC-SURGEON, CARDIOTHORACIC	OTH-WELFARE OFFICER

