

BreastScreen

AUSTRALIA

A joint Australian, State and Territory Government Program

OFFICE USE ONLY

Date of receipt by SCU

Date of receipt by NQMC

Request for Extension of Accreditation

Who is applying for accreditation?

Multi-service BreastScreen <input type="checkbox"/> SCU only <input type="checkbox"/> Service only	Single Service BreastScreen <input type="checkbox"/> SCU and Service
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DETAILS OF SCU (for multi-service BreastScreen jurisdictions only)

Name of SCU

Current level of accreditation

Date accreditation ends

Is this SCU currently on an extension?

No Yes ► Provide details

DETAILS OF SERVICE

Name of Service

Current level of accreditation

Date accreditation ends

Is this Service currently on an extension?

No Yes ► Provide details

Extension of Accreditation

An extension is requested for the period of accreditation for this Service and/or SCU.

Period of extension requested

Reason(s) for extension

Proposed action(s)

If required, please attach additional documentation.

SERVICE (complete only for applications by a Service)

As head of the Service, I authorise this request for extension of accreditation.

Name of Head of Service

Date

SCU authorisation: This request for extension is: Supported/Endorsed Not Supported

On behalf of the SCU, I authorise the dispatch of this form.

Name of Head of SCU

Date

SCU (complete only for applications by a SCU)**Completed by:**

On behalf of the SCU, I authorise the dispatch of this form.

Name of Head of SCU

Date

ADDITIONAL DOCUMENTATION

To assist the NQMC in assessing this application for extension, additional documentation is required. Please indicate and attach the following documents.

NAS Data Report

Quality Improvement Plan(s)

Other ► Please specify