

This information is being collected to provide a profile of the (clinical area specified) at your organisation to the internal auditors and clinical expert.

Name of Health Service	
Address	
Key Contacts for Internal Audit Name: Position: Phone: E-mail:	
Governance Structure	<p>x is governed by a board which has x committees:</p> <ul style="list-style-type: none"> ▪ list board committees (risk, audit etc) <p>There are a number of operational committees that support the organisation, work of the board and its committees including:</p> <ul style="list-style-type: none"> ▪ List relevant operational committees
Hospital Background	x Health Service provides a range of (acute, residential, home and community based services) to (insert geographical area).
Level of care determined by capability framework (if relevant)	
Activity per year	
Model of care	Insert description of model of care (e.g. shared antenatal care, provision of services by obstetric trained GPs, specialists etc)
Scope of service	<p>In scope activities (general description):</p> <p>Out of scope activities:</p>
Unit manager: Name: Position:	
Nursing Staff Number of nursing staff on roster: Qualification of nursing staff on roster:	
Medical Staff Number of Medical staff on roster: Qualifications of medical staff on roster (list specialist quals required):	