# Drug checking licensing scheme service delivery model amendment form

If a licensed provider wishes to use a service delivery model not on the approved list ([Table 1 of the Ministry of Health drug checking webpage](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/drug-checking)), or wishes to use a model not currently licensed for, they will need to satisfy the Director-General of Health (or delegated authority) that the model is safe to implement and fit for its intended purpose. Licensed providers must show that their workforce is competent to use a service delivery model before they will receive approval. New models can only be used by a licensed provider once written approval is received from the drug checking licensing team and the provider is licensed to do so.

Complete the following information for any requested addition of drug checking service models to a provider’s licence:

|  |  |  |  |
| --- | --- | --- | --- |
| General licence holder information | | | |
| Licence holder name | Click or tap here to enter text. | | |
| Licence number |  | **Date of submission** | Click or tap to enter a date. |
| Designated contact person for licence holder   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | | |

| Amendments to licensed service delivery models | Comment | Supporting documentation |
| --- | --- | --- |
| Background information | | |
| Specify which service delivery model(s) provider is currently licensed for. | Service delivery types  Festivals/field events  Static clinic/commercial premises  Satellite/pop-up clinic  Mobile clinic  Low-contact/drop-off  Contactless/mail-In  Continuous  Other [Add] | Add |
| Specify which service delivery model(s) provider requests to be added to existing licence. | Service delivery types  Festivals/field events  Static clinic/commercial premises  Satellite/pop-up clinic  Mobile clinic  Low-contact/drop-off  Contactless/mail-In  Continuous  Other [Add] | Add |
| Implementation | | |
| Provide a brief description of the service model(s) requested and outline how this would be implemented under your existing licence conditions. | Add | Add |
| **Competence and training** | | |
| Provide a description of providers competence and training including:   * Experience with service delivery model(s) or transferrable experience (if applicable). * Evidence of worker competence or plan to achieve competence, in the use of this service delivery model(s). * Workforce training expectations which apply to this service model(s). | Add | Add |
| **Workforce structure** | | |
| Provide the following information for the service delivery model(s) you are applying to use:   * workforce structure (volunteer, employed or both) * worker numbers during drug checking, including minimum number of workers for the service delivery model(s) * roles workers hold (eg, supervision, leadership, drug testers, harm reduction workers, ‘welcome’ worker, etc) * supervision and leadership in place * training or qualifications (eg, applicable science degree) required for each role. | Add | Add |
| **Risks and harm mitigation** | | |
| Note any risks you perceive that may be associated with implementation of this service model and how you plan to mitigate these. This should include:   * risks to workers * risks around storage and transportation of samples * risks to privacy of clients * any other risks which are relevant | Add | Add |
| **Equity considerations** | | |
| Discuss how the implementation of this service model would increase equity of service, such as:   * location (eg, national, regional) * primary target audiences, taking health inequities into account  (eg, Māori, rainbow communities, youth, people experiencing homelessness, rural populations, urban populations) * frequency (eg, regular clinics, seasonal events) | Add | Add |
| **Accessibility considerations** | | |
| Discuss what considerations would be given to increasing accessibility to people using this service model, such as:   * wheelchair access * information provided in visual form (for deaf and hard of hearing clients) * information provided in audio form (for blind and low vision clients) * information provided in additional languages (eg, te reo). | Add | Add |
| **Other** | | |
| Any other information which you may consider relevant to why the proposed service delivery model would be suitable/beneficial. | Add | Add |

## **Submission**

Once completed, please email the service model amendment form and all supporting documents to: [drugcheckingadmin@health.govt.nz](mailto:drugcheckingadmin@health.govt.nz)

Please use the subject line ‘DCLS service delivery model amendment form: [provider name]’.

## **Declaration**

I declare that the information provided in the service model amendment form and supporting documentation is complete, true, and accurate. I am aware that if the information provided is found to be materially false or misleading, the provider’s licence can be suspended or cancelled at any stage.

|  |  |  |
| --- | --- | --- |
| Declaration | | |
| Licence holder contact person name | Add |
| Date | Click or tap to enter a date. |
| Licence holder contact person signature | Add |