



MEMBERSHIP REGISTRATION

About QNADA

QNADA is committed to supporting our member agencies to deliver high quality services to individuals, families, and communities affected by alcohol and other drugs. The services provided to our member agencies are evolving as we grow. We actively engage and support staff at all levels of each member agency, recognising that it is every part of an organisation that contributes to the high quality of services provided.

The following principles guide the work of QNADA:

Representation- we actively consult and reflect the views of our members in the conduct of our activities;

Professionalism- we act with integrity and courtesy;

Transparency- we are accountable to our members, funders and stakeholders;

Collaboration-we encourage partnerships and linkages within and across sectors.

Benefits of Membership

As a member of QNADA you receive free access to, support with, and training in using CADDs, a free online portal for collecting the alcohol and other drug treatment national minimum data set (AODTS-NMDS).

QNADA also facilitates the sharing of information and best-practice through regular forums, workshops, and events on key sector issues; a monthly member-focused newsletter; and access to up-to-date information.

Ordinary Membership is open to non-government organisations, whose primary purpose is to reduce the alcohol and drug related harm to individuals, families, and the community. Ordinary members are entitled to vote at the Annual General Meeting.

Associate Membership is open to non-government organisations who may have a primary purpose other than reducing alcohol and drug related harm, but are nonetheless involved in some way in the reduction of alcohol and drug related harm to individuals, families, and the community. Associate members are encouraged to attend the Annual General Meeting to provide input into discussions as non-voting delegates.

Individual Membership is open to any individual who is 18 years old (at the date of application and can demonstrate and interest in and involvement with the prevention and reduction of harms associated with alcohol or other drug use. Membership is open to all individuals currently working in the AOD sector (public or non-government), whether in prevention, treatment or research, as well as students. **Please complete sections 2 and 6 (as applicable) overleaf.**

Membership Process

- Your organisation's application will be considered by the QNADA Board at its next bi-monthly meeting;
- Once a decision is made, your organisation will be contacted. If approved, your organisation will also receive a tax invoice for your membership fee (pro-rated for the remainder of the financial year) and a Member Kit;
- Membership is renewed on an annual basis (July).

Membership Type

Organisation/Program Income	Membership fee (Inc. GST)	Please tick
Ordinary Membership (under \$250 000)	\$165	<input type="checkbox"/>
Ordinary Membership (\$250 000-\$500 000)	\$330	<input type="checkbox"/>
Ordinary Membership (over \$500 000)	\$660	<input type="checkbox"/>
Associate Membership	\$330	<input type="checkbox"/>
Individual Membership (student/employee of QNADA member org)	\$22	<input type="checkbox"/>
Individual Membership (full fee)	\$44	<input type="checkbox"/>

1. Service and organisation details

Please complete the following:

Service Name	
Organisation Name	
Postal address	
Street address	
Phone	
ABN	
Website	

2. CEO, Manager, or individual member contact details

CEO or Manager of your organisation OR individual member details

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> QNADAFocus- monthly newsletter <input type="checkbox"/> Login details for QNADA's members only portal <input type="checkbox"/> Email updates (events and sector news)

3. Nominated delegate contact details

Ordinary members are entitled to appoint one delegate per incorporation entity to represent it and vote at meetings of the company. (if different than CEO or Manager).

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> QNADAFocus- monthly newsletter <input type="checkbox"/> Login details for QNADA's members only portal <input type="checkbox"/> Email updates (events and sector news)

4. Nominate any other contacts for the purposes of communicating with QNADA if needed.

Secondary contact

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> QNADAfocus- monthly newsletter <input type="checkbox"/> Login details for QNADA's members only portal <input type="checkbox"/> Email updates (events and sector news)

5. Administration contact details

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> QNADAfocus- monthly newsletter <input type="checkbox"/> Login details for QNADA's members only portal <input type="checkbox"/> Email updates (events and sector news)

6. A brief description of what you (individual members) or your organisation (organisational members) does:

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The QNADA Board considers each new and renewing member application based on the information provided in the member application form and as described in the QNADA Membership Approval Policy.

What services does your organisation provide (Please tick all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Prevention Program | <input type="checkbox"/> AOD Community education | <input type="checkbox"/> School Based AOD programs |
| <input type="checkbox"/> Medical Access (e.g. Doctor) | <input type="checkbox"/> Outreach and engagement | <input type="checkbox"/> Counselling (AOD) |
| <input type="checkbox"/> Counselling (General) | <input type="checkbox"/> Case Management | <input type="checkbox"/> Carer Support |
| <input type="checkbox"/> Family crisis centre | <input type="checkbox"/> Drop in centre | <input type="checkbox"/> Residential Detoxification |
| <input type="checkbox"/> Home based detoxification | <input type="checkbox"/> Residential Rehabilitation | <input type="checkbox"/> Staged re-entry (halfway house) |
| <input type="checkbox"/> Relapse prevention | <input type="checkbox"/> Other (please describe): _____ | |

Number of employees in your organisation:

- ☐ Less than 5 ☐ 5-10 ☐ 11-25 ☐ 25-50 ☐ more than 50

Please provide details below of any compulsory elements of your program. For example, participation in group activities, individual counselling, spiritual/religious guidance.

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The organisation receives funding from:

State

- ☐ Qld Health
- ☐ Hospital and Health Service
- ☐ Family and Community Services
- ☐ Criminal Justice

Commonwealth

- ☐ DoH DAP
- ☐ DPM&CIAS
- ☐ Dept of Social Services
- ☐ Primary Health Network

Other

- ☐ Private
- ☐ Self-funded

Other: _____

The organisation is accredited to (mark all that apply):

- ☐ ISO 9001:2015 (Quality Management Systems)
- ☐ WANADA Standard on Culturally Secure Practice
- ☐ ATCA Standard for Therapeutic Communities and Residential Rehabilitation Services
- ☐ ACHS EQUIP Standard
- ☐ QIC Health and Community Services Standard
- ☐ Queensland Human Services Quality Framework
- ☐ Working towards accreditation – provide standard and expected date of accreditation below:

☐ Not accredited

Please list any other standards the organisation is accredited to:

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☐ The organisation is required to collect the AODTS-NMDS

- ☐ The organisation has an existing data collection/client management tool that can collect the AODTS-NMDS
- ☐ The organisation does not currently have a data collection/client management tool
- ☐ The organisation would like access to QNADA's Collector of Alcohol and other Drug Data Sets (CADDs) to collect the AODTS-NMDS

☐ The organisation is not required to collect the AODTS-NMDS

☐ The organisation/individual agrees to QNADA publishing details of its membership on the QNADA website.

Name	
Position (if applicable)	
Signature	
Date	

Please return the completed form to info@qnada.org.au.