**––––––––––––––––––––** FOR YOUR COMPLETION **––––––––––––––––––––**

Following the guide above, please complete the tables below with a list of services provided by your organization to be uploaded on to the Care Opinion platform.

Should you have any queries regarding this template, please do not hesitate to contact your Care Opinion Support Lead.

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Program, Clinic or Department Name** | **Service Type** | **Synonyms** |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
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|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |

*Add more rows if required and enter the appropriate ‘service type’ from the drop-down list using free text.*