



www.teampata.org

JOINING THE PATA NETWORK

CLINIC INFORMATION

Clinic Name: _____

Clinic Physical Address: _____

Clinic Postal Address: _____

Clinic telephone number: _____ Clinic Fax: _____

Clinic email address: _____ Clinic Website: _____

Please provide us a brief introduction to your clinic and the work you are doing:

Please provide us with the following information:

Number of adult HIV patients on ARVs	
Number of HIV patients on ARVs under 12 months	
Number of HIV patients on ARVs between Please circle the choice that best suits your clinic 1 and 10 years OR 1 and 12 years This depends on what age your clinic considers the start of adolescence.	
Number of HIV patients on ARVs between Please circle the choice that best suits your clinic 10 and 18 years OR 12 and 18 years	

(If you do not collect the above information in the stipulated age brackets, please note what ages you collect this information for)

Please list the three main challenges faced by your clinic:

1. _____

2. _____

3. _____

Please list three successes achieved by your clinic

1. _____
2. _____
3. _____

Projects you would like to share with other clinics in the network:

MAIN PATA LIASON

Surname: _____ First Name: _____

Position/Role: _____ Gender: _____

Cellphone number _____ Landline Number: _____

Email Address: _____

PATA TEAM MEMBERS

Counsellor/ Social worker

Surname: _____ First Name: _____

Position/Role: _____ Gender: _____

Cellphone number _____ Landline Number: _____

Email Address: _____

Nurse

Surname: _____ First Name: _____

Position/Role: _____ Gender: _____

Cellphone number _____ Landline Number: _____

Email Address: _____

Pharmacist

Surname: _____ First Name: _____

Position/Role: _____ Gender: _____

Cellphone number _____ Landline Number: _____

Email Address: _____

Doctor/Medical Officer

Surname: _____ First Name: _____

Position/Role: _____ Gender: _____

Cellphone number _____ Landline Number: _____

Email Address: _____

MOTIVATION TO JOIN PATA

How did you hear about PATA?

How do you think your clinic will benefit from PATA?

- PATA will add you to our monthly newsletter mailing list; please email us if you do not receive this.
- Please keep us informed on your work, needs, challenges and successes so we can share this information with other clinics in the network.

We would like to welcome you to the PATA network. Together we will work towards ensuring that all HIV-infected and affected children in Africa have to access high quality, comprehensive and family-centred services.

Contact Details:

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Fax: 086 6191623

Email: info@teampata.org

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