

**QED Community starter form**

**September – December 2022**

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| Trust/Organisation: | Click here to add text |
| Service name: | Click here to add text |
| Service address:  | Click here to add text |
| Service Telephone number: | Click here to add text |
| Caseload: | Click here to add text |

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| Primary contact details*This is the person to whom we will send* ***all*** *communications, including the final accreditation decision, unless otherwise specified)* |
| Title: | Click here to add text |
| First name: | Click here to add text | Surname: | Click here to add text |
| Job title/designation | Click here to add text |
| Address: | Click here to add text |
| Telephone number: | Click here to add text |
| Email address: | Click here to add text |

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| Secondary contact details  |
| Title: | Click here to add text |
| First name: | Click here to add text | Surname: | Click here to add text |
| Job title/designation | Click here to add text |
| Address: | Click here to add text |
| Telephone number: | Click here to add text |
| Email address: | Click here to add text |



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| Peer-reviewers*Please list the details of potential reviewers from your service that you would like to nominate to visit another community team this year**Please note that it is a condition of membership to provide at least two peer-reviewers from your ward – one nurse and one member of the MDT (e.g. psychologist, psychiatrist, occupational therapist)* |
| Name | Role | Email address |
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| Peer-review date booking*Please give three suitable dates between 1st September and 16th December 2022 (excluding weekends) when this service can be reviewed, in order of preference.**Please select dates that enable maximum participation from the MDT, frontline staff and ward/unit management.* |
| Date one : |  |
| Date two : |  |
| Date three : |  |
| * **I confirm that the ward/unit team have discussed and agreed that staff will be available to receive a peer-review visit on the dates above.**
* **We understand that the QED Project Team will confirm one of these dates with us, and that once agreed, the date cannot be changed.**
* **We accept that if we choose to cancel the review on the date agreed, the ward/unit may be liable to cancellation/re-scheduling charges.**
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| Email discussion group*Please list any staff members in your service who would like to be part of the QED mailing list and Knowledge Hub platform* |
| Name | Role | Email |
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**Please note: It is your responsibility to notify us of any changes to the information provided on this form.**