A picture containing food

Description automatically generated

**QED Community starter form**

**September – December 2022**

|  |  |
| --- | --- |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |

**Please note: It is your responsibility to notify us of any changes to the information provided on this form.**