A picture containing food

Description automatically generated

**QED Inpatient starter form 2022**

|  |  |
| --- | --- |
| Trust/Organisation: | Click here to add text |
| Ward/Unit name: | Click here to add text |
| Ward/Unit address: | Click here to add text |
| Ward/Unit Telephone number: | Click here to add text |
| Number of beds: | 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  *Please give Ward/Unit Manager contact details, or a second suitable link person* | | | |
| 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 any reviewers from your ward/unit who are accreditation trained and will be able to visit another service this year* | | |
| Name | Role | Email address |
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| --- | --- |
| Peer-review date booking  *Please choose three suitable dates between 10th January and 31st May 2022.*  *Please select dates that enable maximum participation from the MDT, frontline staff and ward/unti 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.**