**C10 Joining form**

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| --- | --- |
| Name: | Click here to add text |
| Job title/designation: | Click here to add text |
| Service name: | Click here to add text |
| Address: | Click here to add text |
|  | Click here to add text |
|  | Click here to add text |
| Telephone number: | Click here to add text |
| Admin email address: | Click here to add text |

|  |  |
| --- | --- |
| Main link person: | Click here to add text |
| Telephone number: | Click here to add text |
| Email address: | Click here to add text |
| Add me to the mailing list: | Yes/No |
| Add me to Knowledge Hub: | Yes/No |
| *(Please be aware that as the main link person we will need to store your contact details on CARS for the purposes of setting up your review.)* | |

|  |  |
| --- | --- |
| Second link person: | Click here to add text |
| Telephone number: | Click here to add text |
| Email address: | Click here to add text |
| Add me to the mailing list: | Yes/No |
| Add me to Knowledge Hub: | Yes/No |

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| --- | --- |
| Review type  (Peer review or Accreditation): |  |

**Dates for your review visit**

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| Please choose 3 dates between September 2022 and May 2023 | | |
| Date 1: | Date 2: | Date 3: |

Please provide three convenient dates for your service to receive an external review. Although you will only receive one visit, we ask you to provide us with three dates to allow for flexibility in organising the reviews. You should aim to choose a day when all key members of staff will be available for interview. Please be specific, e.g. Tuesday 9th November and please choose a date within the time scale above. We will contact you to let you know the date of your review.

*By choosing three dates: I confirm that the team has discussed and agreed that staff will be available to receive a peer-review on one of the dates below. We will keep these dates blocked in our diaries until we hear from the confirmed date from project team. We realise that once agreed, the dates are non-negotiable. We accept that if we choose to cancel the review on the date agreed, the project team cannot guarantee being able to rearrange the visit (with the exception of a genuine emergency), and teams will still be required to pay the full membership fees.*

**Visiting other services**

Please supply the names and contact details of three people from your team who will act as reviewers during the upcoming cycle. **There should be one reviewer with a medical background, one nursing and one other member of the MDT. Two of the three reviewers should be senior members of the team.**

**Each service must provide a minimum of three reviewers**. If you wish to submit more than three reviewers, please attach a continuation form, or email the team on [perinatal-chat@rcpsych.ac.uk](mailto:perinatal-chat@rcpsych.ac.uk).

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| --- | --- | --- |
| Reviewers | | |
| **Reviewer 1: Medical background** | **Reviewer 2: Nursing background** | **Reviewer 3: MDT background** |
| Full name: | Full name: | Full name: |
| Job title: | Job title: | Job title: |
| Telephone number: | Telephone number: | Telephone number: |
| Email: | Email: | Email: |
| Add me to the mailing list:  Yes/No | Add me to the mailing list:  Yes/No | Add me to the mailing list:  Yes/No |
| Add me to Knowledge Hub: Yes/No | Add me to Knowledge Hub: Yes/No | Add me to Knowledge Hub: Yes/No |

*It is your team’s responsibility to ensure that all three of your reviewers sign up to attend a review during the review cycle. Once signed up, if the reviewer can no longer attend the review it will be their responsibility to find a replacement. Please note: your trust/organisation will be expected to cover any travel expenses incurred from attending reviews.*

**Confirmation:**

**We are now offering an opt-out membership service which means we will continue to invoice your service annually until you inform us otherwise.**

**I confirm that all members of the staff team have been informed about the service’s membership to the Perinatal Quality Network, and all reviewers are aware that they are required to attend at least one review.**

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| --- | --- |
| **Signed Name:** Click here to add text | **Date:** Click here to add text |

**Please return to the Perinatal Quality Network on perinatal-chat@rcpsych.ac.uk**