

**Joining form**

**Community**

**subscription**

Please tick here to confirm that your team meets the requirements outlined in the ‘Community Team Membership’ document 

Please indicate the type of review you would like to receive this cycle:

Peer review\* 

Accreditation 

You can either be invoiced at an annual fee or for a 3-year period. By opting for the 3-year period, you will receive a 10% discount:

1 Year £2760 + VAT 

3 Year £7450 + VAT 

\*We recommend that services in their first year of membership choose peer review

|  |  |
| --- | --- |
| 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 |
| Email address: | Click here to add text |

**Invoice details**

|  |  |
| --- | --- |
| For the attention of: | Click here to add text |
| Job title/designation: | 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 |
| 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 |



**Dates for your review visit**

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| --- |
| Please choose 3 dates between December 2020 and June 2021 |
| 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.

|  |
| --- |
| 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: |

*It is your team’s responsibility to ensure that all three of your reviewers sign up to attend a review. Once signed up, if the reviewer can no longer attend the review then 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.**

|  |  |
| --- | --- |
| **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**

**Programme Manager – Hannah Lucas - Tel : 020 8618 4005**