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| **Signed Name** | Type your name here. | **Date** | Click or tap to enter a date.  |

**Membership Agreement:**

I confirm that the service will support participation by:

* Ensuring that all team members are aware of APPTS and understand the benefits.
* Facilitating the review process by ensuring adequate service user and therapist feedback can be collected by the APPTS team at self and peer review.
* Allocating sufficient time and ensuring deadlines are met.
* Supporting clinicians to become trained peer reviewers and ensuring that at least three clinicians each attend one peer review visit at another service.

We understand that the APPTS Project Team will confirm a peer review date with us, and that once we have agreed it, the date cannot be changed.

Our service accepts that if we choose to cancel the review on the date agreed, APPTS cannot guarantee being able to rearrange the visit (with the exception of a genuine emergency), and our service will still be required to pay the full membership fees. Review visits which are cancelled by the APPTS Project Team, or for reasons beyond our control, will not incur a charge. If the review is re-arranged for another date, there will be an administration fee to cover this and the service may be liable for the expenses incurred by the reviewers allocated to visit the service.

It is our service’s responsibility to ensure that all the reviewers it nominates sign up to attend a review.  Once signed up, if the reviewer can no longer attend the review, it will be their responsibility to find a replacement.  Our trust/organisation will be expected to cover any travel expenses incurred from attending reviews.

We recognise that the APPTS membership fees are on a sliding scale according to the number of whole time equivalent (WTE) therapists in the service. Our service will be automatically issued with a new invoice when our subscription expires, unless we inform APPTS that we wish to terminate our membership.