**Membership**

**Community:**

**Developmental Peer Review**

1 Year £2225 + VAT [ ]

**Associate**

1 Year £575 + VAT [ ]

**Inpatient:**

**Developmental Peer Review**

1 Year £2225 + VAT [ ]

**Accreditation**

1 Year £2550 + VAT [ ]

3 Years £7268 + VAT [ ]

**Associate**

1 Year £575 + VAT [ ]

For further information please contact:

**rehab@rcpsych.ac.uk**

**0208 618 4065**

**Contact Person 1:**

**Job Title:**

**Tel:**

**Email:**

**For the attention of:**

**Job Title /Designation:**

**Address:**

**Tel:**

**Email:**

**Purchase Order Number:**

**Invoice Details**

**Joining Form**

**Community Service Name:**

**Trust/ Organisation:**

**Address**:

Click or tap here to enter text.

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**Subscription**

**Contact Person 2:**

**Job Title:**

**Tel:**

**Email:**

**Tell us something about your team.**

**What would you like the network to know about you?**

Click or tap here to enter text.

Please answer the following questions. We want to better support networking between our members. We will use this information to support this and encourage further learning in the network. We may use your answers when publicising your review and introducing you to other network members.

**What does your team do well?**

**What would you consider to be your achievements?**

Click or tap here to enter text.

**We are looking to measure the improvements that participation in our network makes.**

**Please let us know if you collect data on:**

* **Patient re-admission to inpatient services**
* **Patient transfer rates**
* **Staff, carer and patient satisfaction**

**Please let us know if you would be happy sharing this with the us so we can measure this (please be mindful of your organisation’s data protection policy)**

Click or tap here to enter text.

**Please list 5 things that would improve your service and that we could include within our standards? E.g. relationships with other services, your patient, staff and carer well-being, therapies and activities, patient transfers etc.**

Click or tap here to enter text.

**Please tell us how you heard about the Rehabilitation Quality Network:**

Click or tap here to enter text.

**Expectations of Membership**

By completing and submitting this form you are agreeing to the following expectations of membership:

* The link person(s) provided will be the main point of contact for all matters relating to Rehabilitation and your membership. They will respond to all necessary correspondence in a timely manner.
* Inform the Rehabilitation Network Team if the stated link people are no longer the best point of contact for the service and provide new contact details.
* Provide at least two members of staff to attend peer review or accreditation visits per year and authorise accompanying travel costs.
* Provide at least one member of staff to attend lead reviewer training and support leading of accreditation visits per year.
* Inform all members of the staff team about the unit’s membership to the Rehabilitation Quality Network. Make information about the network and your membership available to service users and carers.

**Community Rehabilitation – Developmental Only**

Please note accreditation will not be provided as a part of the first year of the Community Rehabilitation Standards. You will be supporting Rehabilitation to launch its community network. The developmental year will inform us of the needs of the network and what future membership options will be offered.

**Confirmation:**

I have read and agree to the terms and conditions of Rehabilitation membership (please contact the team if you do not have a copy of this document)

I would like to become a member of the Quality Network for Mental Health Rehabilitation Services. I understand that by accepting these conditions I agree to be invoiced annually unless I inform the Rehabilitation Network Team otherwise. I recognise that as a member there are defined responsibilities which my service must fulfil in order to contribute to the ongoing success of the network.

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| --- | --- |
| **Signed Name:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

**Please return to Rehabilitation Quality Network: 21 Prescot Street, London, E1 8BB**

**Email: rehab@rcpsych.ac.uk**

**Tel: 0208 618 4065**