**Smaller Schwartz– Application Form**

**Please submit to** **info@pointofcarefoundation.org.uk**

**DEADLINE 20 January 2017**

**Timescale for 2016/17 cohort**

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| **Action** | **Date** |
| Speak to The Point of Care Foundation about setting up Schwartz Rounds in your organisation.  | July-October 2016 |
| Identify roles and obtain support within your organisation  | October-December 2016 |
| Agree funding from your organisation before submitting your application | October-December 2016 |
| Submit application form to The Point of Care Foundation at info@pointofcarefoundation.org.uk.  | Closing date 20th January 2017 |
| Sign contract with The Point of Care Foundation | February 2017 |
| Observe a Round in another organisation | February-June 2017 |
| Undertake e-learning training part 1 | March-June 2017 |
| Attend face to Face training part 1 (London) | June 23rd 2017  |
| Mentoring teleconference sessions x2 | *TBC* |
| Host first Schwartz Round | August-October 2017 |
| Undertake e-learning training part 2 | June-October 2017 |
| Attend face to Face training part 2 (London) | 4th October 2017 |
| Mentoring teleconference session x1 | *TBC* |

**Application Form**

**If we received this completed form and the application meets the requirements, we will draw up the contract for your organisation. So please ensure that everything has been signed off before submitting this form.**

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| **Full name and address of organisation (if multi-site, please list all hospitals/locations where Rounds will be implemented initially)**  |  |
| **Number of staff in organisation (approx.)** |  |
| **Name of proposer:** |  |
| **Proposer’s email address:** |  |
| **Proposer’s telephone number:** |  |

**Please describe what anticipated impact/benefits your plans for Schwartz Rounds may have on patients, staff and the organisation and how this will be measured (no more than 200 words)**

 *(The Point of Care Foundation will require evaluation forms to be filled in routinely by all participants attending Rounds, please note here if you have any additional ideas as to how the impact of the Rounds will be measured)*

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**How will you ensure that all professionals, clinical and non-clinical, who come into contact with patients will be given the opportunity to attend Rounds?**

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**Please give a brief outline detailing what governance arrangements are in place to ensure successful delivery of the Rounds (no more than 300 words)**

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**Please provide evidence of Board support for this initiative (200 words)**

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**Have you have identified people to take on the formal roles (i.e. Facilitator, Clinical Lead and Administrator. Are time allocations for each of these roles agreed and fully understood by management? Do you intend to train extra facilitators or clinical leads? (no more than 200 words)**

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**Can the clinical lead and facilitator attend the specified training dates?**

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**Please provide evidence of plans and/or mechanisms to publicise the Rounds and plans to ensure sustainability**

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**Logistical and planning issues: Have funds for the provision of staff refreshments at Rounds been agreed? Is there a room of adequate size available in which to hold the Rounds?**

**Contract information**

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| **Details of person who will sign the contract** | *Name* *Job title**Email address* |
| **Address to send contract to** (if different from above) |  |
| **Email of finance department** *Please note, we won’t be able to issue the invoice without this information* |  |
| **Purchase Order Number** A purchase order (PO) number is an alphanumeric code that is assigned to a particular request to buy something. Most often, PO numbers are used internally by businesses to track their own purchases. Some companies, however, will assign codes to all of their sales and will give PO numbers to their customers so the customers can track their orders. **VATable component = £1667****Non-VATable component = £2500****Total = £4500***Please note, we won’t be able to issue the invoice without this information* |  |

**Contact details**

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| **Details of Schwartz Rounds Administrator** | *Name* *Job title**Phone number* *Email address*  |
| **Details of Clinical lead** | *Name* *Job title**Phone number* *Email address*  |
| **Details of Facilitator**  | *Name* *Job title**Phone number* *Email address*  |
| **Details of any additional facilitators** | *Name* *Job title**Phone number* *Email address* |
| **Any other contact details you would like to provide** | *Name* *Job title**Phone number* *Email address* |