**Smaller Schwartz – application form**

**Please submit to** [**info@pointofcarefoundation.org.uk**](mailto:info@pointofcarefoundation.org.uk)

**DEADLINE extended to 10 February 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](mailto:info@pointofcarefoundation.org.uk). | Closing date 10 February 2017 |
| Sign contract with The Point of Care Foundation | End 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* |

**When we receive this completed form, 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.)** |  |
| **Main contact name:** |  |
| **Proposer’s email address and number:** |  |
| **Details of person who will sign the contract** | *Name*  *Job title*  *Email address* |
| **Address to send contract to** (if different from above) |  |

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| **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 a code that authorises a particular order.  VATable component = £1667  Non-VATable component = £2500  Total = £4500 |  |
| **Number of extra facilitators**  The contract covers training for 2 people. If you want more than 2 facilitators trained, it is £350 extra per person. |  |

**Contact details (if known at this stage)**

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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* |