**Smaller Schwartz– Application Form**

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

**To discuss further, please contact** [**schwartz@pointofcarefoundation.org.uk**](mailto:schwartz@pointofcarefoundation.org.uk)

**Once we have received 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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| **Name of proposer:** |  |
| **Organisation:** |  |
| **Number of staff in organisation (approx.)** |  |
| **Proposer’s email address:** |  |
| **Proposer’s telephone number:** |  |
| **Please state which organisations are collaborating (if applicable)** |  |

**Please describe what anticipated impact/benefits your plans for Schwartz Rounds may have on 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, , who come into contact with offenders / public 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, 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 leads? (no more than 200 words)**

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**Can the 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?**

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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.  £6,500 excluding VAT  *Please note, we won’t be able to issue the invoice without this information* |  |

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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* |