**Schwartz Rounds– Information Form**

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

**To discuss further, please contact us on 0203 0752 5708**

**\*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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| **Full name of organisation** |  |
| **Full address of organisation** | *Address* |
| **If multi-site, please list all hospitals/locations where Rounds will be implemented initially** | *Name*  *Address* |
| **Number of staff in organisation** (approx. total to include all the above locations) |  |
| **Proposer’s name and contact details:** | *Name*  *Job title*  *Phone*  *Email address* |

**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)**

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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). Please attached letter from CEO if you have this ready.**

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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? (no more than 200 words)**

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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 contract been allocated as well as provision of staff refreshments at Rounds? 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*  *Phone* |
| **Address to send contract to** (if different from above) | *Postal Address*  *Email address* |

**Purchasing and payment details**

As part of the process of setting up the agreement for Schwartz rounds implementation in your organisation we need the following details including the **purchase order advice note** to ensure the smooth processing of your order, our invoice, and your payment.

**Note: we will be unable to commence the agreement unless we have received these details below.**

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| **Paying Organisation name:** |  |
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| **Purchase Order Number:**  **\*Please also email PO advice note to**  **info@pointofcarefoundation.org.uk** |  |
| **Amount:** (e.g. £12,500 ex VAT) | *£* |
| **Procurement contact email:** |  |
| **Procurement contact telephone:** |  |
|  | |
| 1. Complete this next section if you **DO NOT** use a Shared Service payments provider | |
| **Where do we send our invoice?** | |
| Accounts payable department contact |  |
| Email address: |  |
| Telephone number: |  |
| Address (if required by post): |  |
| 1. Complete this next section if you **DO USE** a Shared Service payments provider | |
| **Where do we send our invoice?** | |
| Shared Service payments provider name |  |
| Email address: |  |
| Telephone number: |  |
| Address (if required by post): |  |

**Other Contact details**

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| **Details of Steering Group** | |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |
| *Name*  *Job title*  *Role for SCR* | *Email address*  *Phone number* |

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| **Details of Administrator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Clinical lead** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitator** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Details of Facilitators** | *Name*  *Job title*  *Email address*  *Phone number* |

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| **Details of any additional facilitators** | *Name*  *Job title*  *Email address*  *Phone number* |
| **Any other contact details you would like to provide** | *Name*  *Job title*  *Email address*  *Phone number* |