**Gold Standards Framework Hospital Registration Form**

**Please read and complete this form DIGITALLY and return to:** **info@gsfcentre.co.uk**

|  |  |  |
| --- | --- | --- |
| **Name and contact details for the Trust**  | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Address** |  |
| **Is there Executive support at Board Level?**  | **Yes** [ ]  | **No** [ ]  |
| **Name of identified clinical lead for the training programme:**  | **Name** |  |
| **Email** |  |
| **Telephone** |  |

|  |
| --- |
| **Please provide ward(s) details**  |
| **Ward Name**  | **Speciality**  | **Delegate Name** | **Delegate Email**  | **No of Staff on Ward** | **No of Beds on Ward** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***(Insert more fields if appropriate)***  |

**Ward Details**

**Invoicing details (if different from Organisational details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation** |  | **Contact Name** |  |
| **Address** |  | **Telephone Number** |  |
| **Postcode** |  | **Email Address** |  |

**Please tick appropriate box**

|  |  |
| --- | --- |
| **GOLD** – training programme **including** Accreditation **Price £2,190.00\* + VAT per ward**  |[ ]  **SILVER** – training programme **excluding** Accreditation **Price £1,095 + VAT per ward**  |[ ]
| **Accreditation / Reaccreditation £1,095 + VAT per ward**  |[ ]
| **CQC Rating** | Choose an item. |

***\*Gold programme – Payment for accreditation will be held on account for a maximum of 2 years following completion of training***