**Gold Standards Framework Hospital Registration Form**

**Please read and complete this form DIGITALLY and return to:** [**info@gsfcentre.co.uk**](mailto: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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***(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***