
National Audit of Inpatient falls (NAIF)

**Registration Form**

To register to the continuous NAIF audit (as well as the facilities audit), please return your completed registration form to falls@rcp.ac.uk.

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| **Trust/Health board name:** |  |
| **ODS code:** **(aka NACS)** |  | **Type of service**(Tick all that apply) | [ ]  Acute[ ]  Specialist[ ]  Community [ ]  Mental health |
| Street: | Town: |
| Postcode: | Region: Choose an item. |
| Phone number (landline): |

**User registration**

The people below have agreed to be the ‘lead clinician’ and ‘data inputter(s)’ for this audit and are happy to be contacted about the audit using the provided email and/or telephone. The Lead Clinician is responsible for ensuring the data entered into the audit is correct and should read the guidance on their registration responsibilities.

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| **Lead clinician** |
| First name: | Surname: |
| Job title: | Job type: Choose an item. |
| Phone number (landline): | Extension (if applicable): |
| Email address: | Mobile (optional): |

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| **Data inputter** |
| First name: | Surname: |
| Job title: | Job type: Choose an item. |
| Phone number (landline): | Extension (if applicable): |
| Email address: | Mobile (optional): |

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| **Data inputter** |
| First name: | Surname: |
| Job title: | Job type: Choose an item. |
| Phone number (landline): | Extension (if applicable): |
| Email address: | Mobile (optional): |

The Caldicott Guardian for your trust/Health board must approve on this registration by signing below:

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| **Caldicott guardian** |
| Full name: | Email Address: |
| Signature: | Date: |

Once complete, please send this form to the NAIF team – falls@rcp.ac.uk
*If you require more users than the space above allows, please also include their details in the email along with the form.*