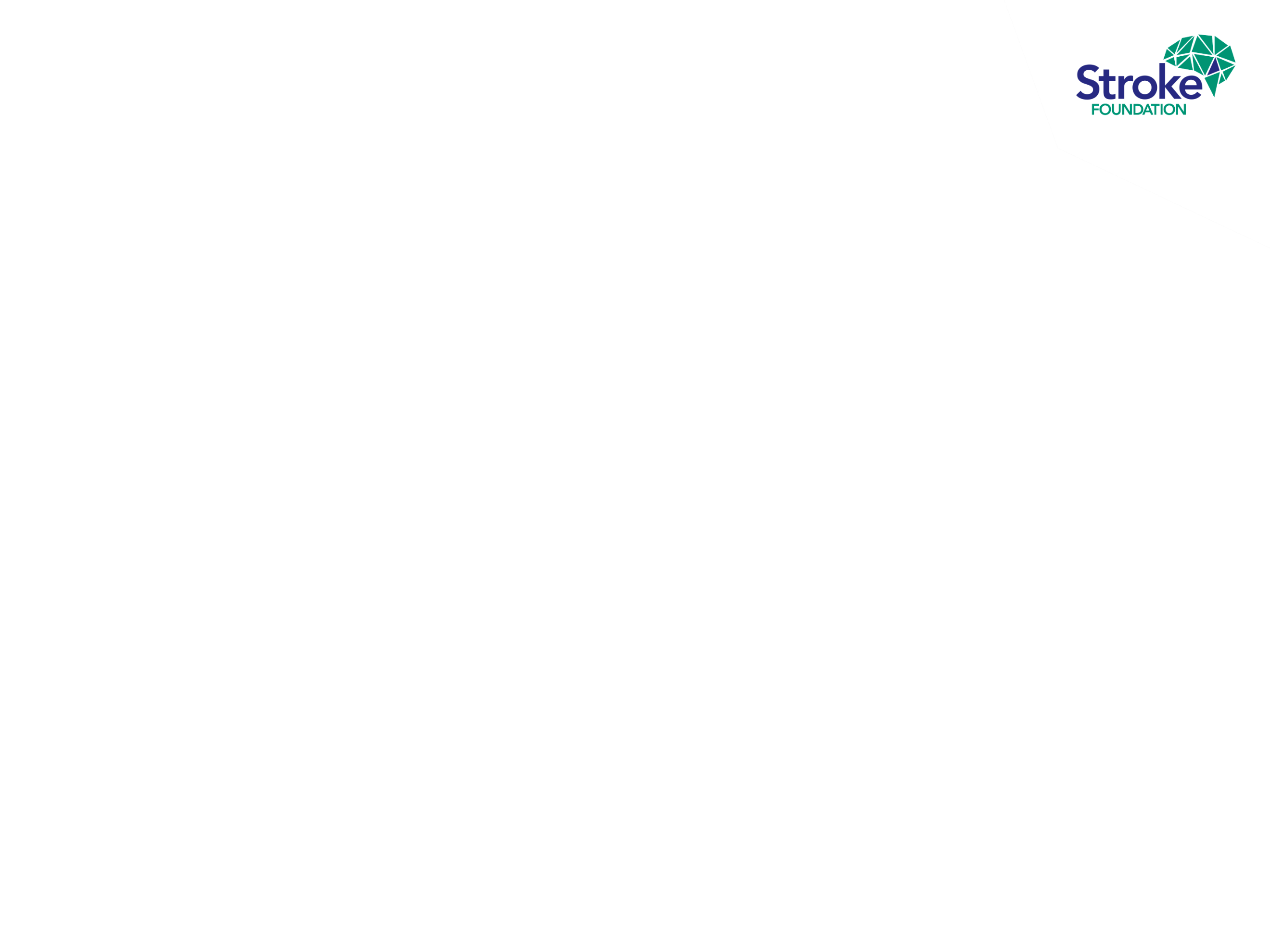
**Spot Audit Request - Application Form**

|  |  |
| --- | --- |
| Date of request: |  |

|  |  |
| --- | --- |
| 1. **Applicant details** |  |
| 1. Principal investigator name: |  |
| 1. Principal investigator phone number: |  |
| 1. Principal investigator email: |  |
| 1. Co-investigator names: |  |
| 1. Organisation name: |  |
| 1. Name of site: |  |

**SPOT AUDIT SELECTION** (please tick all that apply):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Continence |  |  | Swallowing | |  |  | | Arm function | | | | |  |  | Hydration & nutrition | | |  |
|  |  | |  | |  | |  | | |  |  | | |  | |  |  | |
| Mobility |  |  | Neglect | |  |  | | Communication | | | | |  |  | Fever & sugar management | | |  |
|  |  | |  |  | | |  | | |  |  |  | | | |  |  | |
| Mood |  |  | Further rehabilitation | | | | | |  |  |  |  | | | |  |  | |

**In which year did your site last participate in the National Stroke Audit?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Acute services: |  |  | Rehabilitation services: |  |

**SPOT AUDIT DETAILS**

**Purpose of spot audit** (please tick all that apply, and provide further details as requested):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Internal use only - quality improvement | | | |  |  | Research project | | | | | | |  | |  | |
|  | | | | | | |  |  | |  | | | |  | |  | |
| Publication - conference, journal, other (please specify) | | | | | | |  | |  | |  | | | | | | |
|  | | | | | | |  |  | | | |  | | | | | |
| Other (please specify) |  |  |  | | | | | | | | | | | | | | |

**Timeframe**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Period of time spot audit required: |  | Date from: | |  | | | Date until: |  |
|  |  |  | |  | |  | |  |
| Date data export from spot audit required: | | |  | |  |  | |  |

**Funding / resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding / resources are available to use spot audit tool: |  | Yes |  |  | No |  |
|  |  |  |  |  |  | | |
| Funding approval letter attached (if applicable): |  | Yes |  |  | No |  |

**Other**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HREC and other governance approvals |  | Yes |  |  | No |  |  | N/A | |  |
|  |  |  |  |  |  |  | |
| Consumer benefits (maximum 1 page description in lay terminology attached) | | | | | | | |  | Yes |  | No |  |