**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 |  |