# **Surgical Site** **Infection Surveillance Service**

# **Hospital registration form**

Please complete this form for **each hospital** that intends to participate in Surgical Site Infection Surveillance.

### Section A: Your hospital

|  |  |  |
| --- | --- | --- |
| 1. Name of hospital |  |  |
| 1. Name of trust or independent sector group
 |  |  |
| 3. Address |  |  |
| Town |  |  |
| County |  |  |
| Postcode |  |  |
| Telephone: |  |  |  | Fax: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |

4. Hospital organisation (NACS) code (if available)

5. Trust provider (NACS) code (If available)

6. Hospital sector:

|  |  |  |  |
| --- | --- | --- | --- |
| NHS |  | Independent treatment centre NHS**\*** |  |
| Private |  | Independent treatment centre PRIVATE |  |
| Other |  | Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***\****Entirely managed and financed by an NHS trust.

7. If NHS, specify region:

|  |  |  |  |
| --- | --- | --- | --- |
| East of England |  | South East |  |
| London |  | South West |  |
| Yorkshire & the Humber |  | East Midlands |  |
| North East |  | West Midlands |
| North West |  |  |

8. Hospital type: Please indicate which one of the following best describes your hospital:

|  |  |
| --- | --- |
| Acute, general |  |
| Acute, general and referral centre**\*** |  |
| Acute single specialty, for example, orthopaedic |  |
| Diagnostic or treatment centre |  |

***\**** Patients are referred from other trusts for specialist services by your hospital, for example, Cardiac

**Section B: Surveillance contacts**

**1. Surveillance administrator (main contact):**

The responsibilities of the surveillance administrator are as follows:

1. To receive and disseminate all correspondence and forms relating to the survey
2. To ensure that all forms are completed and returned to Colindale in a timely way
3. To be the point of contact for queries arising from the data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | …. | First name: | ………………….. | Surname: | ……………………….. |
| Job title: | ……………………………………………………. |
| Address if different from Section A: | …………………………………………………………… |
| …………………………………………………………… |
| Telephone: | …………… | Fax: | …………………. | Email: | ……………………….. |

**2. Report contact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | …. | First name: | ………………… | Surname: | …………………… |
| Job title: | ………………………………………………. |
| Address if different from Section A: | …………………………………………………………. |
| …………………………………………………………. |
| Telephone: | ……………. | Fax: | ………… | Email : | ………………… |

**3. Director of Infection Prevention Control (DIPC):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | … | First name: | …………………. | Surname: | …………………. |
| Job title: | ……………………………………….. | (Other than title of DIPC) |
| Telephone | ………….. | Fax: | …………….. | Email: | ………………….. |

**4. IT Contact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | ….. | First name: | …………….. | Surname: | ………………….. |
| Job title: | …………………………………………………………………………………….. |
| Address if different from Section A: | ………………………………………………………. |
| ………………………………………………………. |
| Telephone: | …………… | Fax:…………… | Email: | …………………….. |

**Signature or name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:** **ssi.data@ukhsa.gov.uk**