**Gold Standards Framework Primary Care**

**Audit Tool 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 Practice** | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Address** |  |
| **Name of identified clinical lead:** | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Name of your ICS** | |  |
| **Practice population** | |  |
| **When do you plan to start using the Audit Tool?** | |  |

**Invoicing details (if different from Organisational details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation** |  | **Contact Name** |  |
| **Address** |  | **Telephone Number** |  |
| **Postcode** |  | **Email Address** |  |

Payment must be received prior to the access information being despatched.

**Please tick appropriate box**

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| **ADA Audit Tool** – access to the ADA audit tool for a duration of 2 years. **Price £180 + VAT per practice** |  |