# **PATIENT EXPERIENCE OF CARE QUESTIONNAIRE PROJECT**

Registration Form

Thank you for agreeing to become a member of our community of test sites for this project. To ensure that all those taking part, and others in the wider palliative and end of life care community, benefit from this work we are seeking a commitment from the test sites to manage and provide feedback in a consistent way to maximise the learning to inform service improvement.

By completing the details, signing and returning this document you are agreeing to:

* Send a completed feedback template back to us at the end of the project.
* Adopt a quality improvement approach when using the questionnaire to ensure the findings drive service improvement.
* Take responsibility to ensure any local governance arrangements needed to use the questionnaire have been agreed and are in place.
* Use the questionnaire provided and not to make any changes other than the first introductory paragraph as indicated on the version sent to you. If you want to add supplementary questions we would like to know what they are on the feedback template.
* Ensure the patient/individual should either be able to complete the questionnaire themselves or have their responses recorded ideally by someone who must not influence their responses.
* If you cannot continue as a member of the test community to inform us as soon as possible.

**Name of the organisation:**

**Name of the local project lead:**

**Contact details:**

**Signature:**

**Date:**

**Please return to Glenis Freeman** gjfreeman@btinternet.com