**SSNAP New Team Registration Form**

A team is a distinct entity for SSNAP data entry. At present, we are only setting up teams on the SSNAP webtool where the team in question treats a minimum of 10 stroke patients per year.

In SSNAP we distinguish between inpatient and non-inpatient care settings; each ‘team’ must be either an inpatient care provider or a non-inpatient care provider. e.g. a community bed-based rehabilitation setting is an inpatient care provider, but a community rehabilitation team is a non-inpatient care provider. This is important, as it determines the information you are permitted to enter on the webtool. If you are unsure what your ‘team type’ should be, please email ssnap@kcl.ac.uk.

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| **Date participating from** |
| It is essential that your team provides a date from which the team is ready to receive and complete transferred records. Please agree this locally and ensure that once set up, other local teams are aware that they can start to transfer records to your team. Up until this date, your team will be ‘inactive’ on the webtool (you will not be able to receive transferred records). Date participating from (dd/mm/yyyy):       |
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| **Team** |
| Ensure the team name makes the team identifiable; for example, there are many ‘community stroke teams’ nationally, so always name a team by the area it covers if there isn’t an appropriate name for example, call it ‘Holby City Community Stroke Rehab Team’. Please explain any acronyms used. |
| 1. **Team name:**
 |
| 1. **Team type** (select one only):
 |
| [ ]  Inpatient care provider[ ]  Non-inpatient care provider |
| 1. **Team function:**
 |
| Inpatient (select one only):[ ]  Acute hospital: hyperacute service[ ]  Acute hospital: stroke/neurology rehabilitation service[ ]  Community hospital: inpatient rehabilitation Non-inpatient (select only one from options 1-5):[ ]  Early Supported Discharge Team: stroke/neurology specific[ ]  Early Supported Discharge Team: non-specialist[ ]  Community Rehabilitation Team (non-inpatient): stroke/neurology specific[ ]  Community Rehabilitation Team (non-inpatient): non-specialist[ ]  Combined ESD-CRT[ ]  6-month follow-up assessment provider |
| 1. **Address:**
 |
| **Postcode:**       |
| **Country:**[ ]  England[ ]  Wales[ ]  Northern Ireland |
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| **Trust/Health Board/Higher Level Organisation** |
| 1. **Trust/Health Board name:**
 |
| 1. **NHS organisation:**
 |
| [ ]  NHS organisation[ ]  Non-NHS organisation (e.g. Social Enterprise) |
| 1. **NHS Trust/Health Board Code** (if known):
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| 1. **NHS provider code** (if known):
 |
| 1. **Integrated Stroke Delivery Network (ISDN):**
 |
| 1. **Commissioned by** (mandatory for non-NHS organisations):
 |
| 1. **Commissioner contact email** (mandatory for non-NHS organisations):
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| **Lead clinical contacts** |
| *It is essential your team registers both a lead clinical contact and a second lead* |
| **Name of lead contact** (clinician responsible for clinical sign-off):       |
| **Job title:**       |
| **Email:**       | **Telephone:**       |
| **Already registered on SSNAP?** [ ]  Yes [ ]  No |
|  |
| **Name of second lead contact** (user responsible for day-to-day submission of SSNAP data):       |
| **Job title:**       |
| **Email:**       | **Telephone:**       |
| **Already registered on SSNAP?** [ ]  Yes [ ]  No |
|  |
| Please send completed form to ssnap@kcl.ac.uk  |