Service Declaration

Document control | GOV-FRM-001 | New; the form for DOC-118

Field	Content
Title	Service Declaration
Document ID	{{facility.code}}-GOV-FRM-001
Version and status	1.0 | Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director date: _____
Approver and signature	{{roles.clinical_director.name}}, clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months after effective date)
Supersedes	None (new document)
Standards and criteria supported	Standard 1, criterion 2A.2
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

The signed declaration of which services {{facility.legal_name}} provides, with its review date.

2. How to use

Complete one form per patient, per area or per period, as the purpose states. Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

3. Items

#	Item to check	Standard [evidence]	Yes	No	N/A	Action if No
1	Services provided (list each service and setting)	Declared [EC]	[ ]	[ ]	[ ]	Action and who to tell
2	Services not provided	Declared [EC]	[ ]	[ ]	[ ]	Action and who to tell
3	Named clinical lead for each service	Yes [EC]	[ ]	[ ]	[ ]	Action and who to tell
4	Signed by chief executive	Yes [EC]	[ ]	[ ]	[ ]	Action and who to tell
5	Review date	Set, not more than 12 months [EC]	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

Retention: {{facility.records_retention_years}} years, filed as set in the retention schedule (REC-POL-001).

4. Evidence

ID	Source	Link / status
E-009	ASF Expert Committee consensus.	see source

EC = ASF Expert Committee consensus.