

LIVERPOOL CARE PATHWAY FOR THE DYING PATIENT (LCP)

LCP PROJECT REGISTRATON FORM (Outside UK)

In the box below, please give the name and address of the organisation wishing to register. If there is more than one site included in this organisation, please list and indicate whether you plan to carry out a Retrospective Audit - Base Review at that site.

		Carry Out Base Review?
Organisation Name		
Address		
Additional Site 1		
Additional Site 2		
Additional Site 3		
Additional Site 4		

LCP PROJECT MANAGER FOR THE ABOVE HEALTHCARE SETTING(S)

Name	
Work address	
Telephone no.	
Email address	

LEAD CLINICIAN IN PALLIATIVE CARE / LOCATION

Name of Team (if appropriate)	
Lead Clinician Name	
Address	
Telephone no.	
Email address	

Wider National Agency Endorsement
University Link / National end of life care / Palliative Care – Organisation – governing body

Name of Organisation	
Lead named - personnel	
Address	
Telephone no.	
Email address	

Signature of person completing this form: _____

Print name: _____

Date: _____

Please return your Registration Form and letter of endorsement to:
LCP Central Team UK
Evaluations Unit (LCP Central Team UK)
C/o Directorate of Specialist Palliative Care
1st Floor Linda McCartney Centre
The Royal Liverpool University Hospitals
Prescot Street
Liverpool L7 8XP
England
T: +44 (0) 151 706 2212
E: lcp.enquiries@rlbuht.nhs.uk

FOR OFFICE USE ONLY	
Registration Received (date)	___ / ___ / ___
Registration Recorded	<input type="checkbox"/>
Base Review Forms sent out	<input type="checkbox"/>
Date Base Review sent	___ / ___ / ___
Base Review Analysis Complete	<input type="checkbox"/>