

Association for Palliative Medicine

Members Audit prize

Submission form

Main Author (This person will receive all correspondence re this audit submission)

First Name:

Surname:

Title/Job Role:

Organisation Name:

Address:

Name of other Organisations in case of multi-site project:

Address of other organisations:

Email address of Main Author:

Name of Clinical Manager (who can confirm role in audit)

Email address of Clinical Manager

Title of the project:

Is this

Clinical Audit

Service Review/evaluation

Other Quality improvement project

Abstract (Background, aims, methods, results)

By submitting this project I confirm that this project confirms to legal and ethical principles of data protection and patient confidentiality.

Signed

Date