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| **STATEMENT OF PURPOSE** | |
| Name of establishment or agency |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Fax number |  |

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| **Aims and objectives of the establishment or agency** |
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| **REGISTERED MANAGER DETAILS** | |
| Name |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Fax number |  |
| Relevant qualifications | |
| Relevant experience | |

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| **RESPONSIBLE INDIVIDUAL DETAILS**  (please delete this section if not applicable) | | | |
| Name |  | | |
| Address and postcode |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Fax number |  | | |
| Relevant qualifications | | | |
| Relevant experience | | | |
| Roles and responsibilities within the organisation | | | |
| **STAFF DETAILS** | | | |
| *Please provide the following details for all staff providing services at your establishment or agency* | | | |
| Name | | Position | Relevant qualifications / experience |
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| **ORGANISATIONAL STRUCTURE** |
| *Please insert a diagram or description of your organisational structure*  *(please delete this section if not applicable)* |

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| **SERVICES / TREATMENTS / FACILITIES** |
| *Please detail each treatment you intend providing with the age range and any specialist equipment used* |

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| **PATIENTS VIEWS** |
| *How do you seek patient’s views on the services / treatments you provide?* |

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| **ARRANGEMENTS FOR VISITING / OPENING HOURS** |
| *What are the opening hours of the establishment?*  *What are the arrangements for patients who require urgent care or treatment out of hours?*  ***If you provide in patient care*** *what are the arrangements for contact between patients and their relatives i.e. visiting times* |

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| **ARRANGEMENTS FOR DEALING WITH COMPLAINTS** |
| *Please provide details about*   * *how to complain* * *who to complain to* * *how you will deal with a complaint* * *other sources of help if patient not happy with how you have dealt with the complaint (include contact details for HIW)* |

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| **PRIVACY AND DIGNITY** |
| *How will patients’ privacy and dignity be respected in line with the Equality Act 2010 and the protected characteristics of*   * *age* * *disability* * *gender re-assignment* * *marriage and civil partnerships* * *pregnancy and maternity* * *race* * *religion or belief* * *sex* * *sexual orientation* |

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| **Date Statement of Purpose written** |  |
| **Author** |  |

**STATEMENT OF PURPOSE REVIEWS**

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| Date Statement of Purpose reviewed |  |
| Reviewed by |  |
| Date HIW notified of changes |  |

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| Date Statement of Purpose reviewed |  |
| Reviewed by |  |
| Date HIW notified of changes |  |

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| Date Statement of Purpose reviewed |  |
| Reviewed by |  |
| Date HIW notified of changes |  |

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| Date Statement of Purpose reviewed |  |
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