**Erosh Code of Practice – Introductory Statement**

## How to Complete this form:

### Please complete all sections that apply and ensure that this form is approved and signed by the Chief Executive and Director responsible for the support service.

## Section 1: Working towards the erosh Code of Practice

1. Briefly outline your reasons for working towards the Code of Practice and what you hope to achieve.

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1. Briefly outline how you will involve staff and customers in providing evidence for the standards (bear in mind we don’t expect you to generate evidence specifically for the standards, evidence should be gathered from current practice).

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## Section 2: About the Organisation

1. Provide a brief overview of your organisation as a whole. Please include (as a separate document if necessary) an organisational chart for the service(s) being accredited.

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1. Briefly outline the services encompassed by your submission (i.e. type of service(s), accommodation based or not, client groups you support, services delivered to the wider community, out-of-hours cover etc.)

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1. Please detail below the contact details for:

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|  | **Name** | **Contact Telephone** | **E-mail** |
| **Chief Executive** |  |  |  |
| **Service Manager(s) \*** |  |  |  |
| **Lead Officer(s)**(if different to Service Manager)\* |  |  |  |
| **Working Group Members** |  |  |  |
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\*If more than one service is being included, please include the details of all Service Managers and/or Lead Officers

## Section 3: About the Services to be Accredited.

1. For accommodation based services, please provide the following information:

| **Scheme name & address** | **Age/year of build** | **Date of last building review orplanned review** | **Rented/leasehold (R/L)** | **Communal facilities (Y/N)** | **Number of Customers** |
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Extend the table if required

1. For services that are not accommodation based, i.e. floating/community support/drop in/day centre, please provide the following information.

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| **Name of Service** | **Date service last reviewed orplanned review** | **Client groups coveredby service** | **Number of customersreceiving support** |
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Extend the table if required

## Section 4: The Future

1. Detail below any changes planned to your organisation and/or service(s) including any changes to how the service is managed and the role of front line staff.

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| **Chief Executive Signature:** |  |
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| **Print Name:** |  |
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| **Date:** |  |

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| **Service Director Signature:** |  |
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| **Print Name:** |  |
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| **Date:** |  |

## Appendix: Contacts for verification (to be provided when the verification process begins)

To allow the assessor to contact staff, customers and stakeholders, you will be asked to provide contact details for telephone calls and emails during the period of the assessment. These can be provided in the following format. Please ensure you have explained the reason for contact and agreement to share contact details is in place. The suggested format will be:

1. Front-line staff members working in accommodation based services (please complete a table with all staff in the format below).

| **Service** | **Staff Member Name** | **Length of Service** | **Contact Telephone** | **E-mail** |
| --- | --- | --- | --- | --- |
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1. Front-line staff members working in other services (please complete a table with all staff in the format below).

| **Service** | **Staff Member Name** | **Length of Service** | **Contact Telephone** | **E-mail** |
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1. Customers, including members of tenant groups, current and former customers of the services (please complete th table).

| **Service** | **Customer Name** | **Contact Telephone** | **E-mail** | **Have the agreed to share contact details?** |
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1. Key partner agencies (please complete a table with contacts of key partner agencies in the format below).

| **Partner Agency** | **Staff Member Name** | **Role** | **Contact Telephone** | **E-mail** |
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