

Once your practice has entered into contract as an eCare affiliate with Evolutio Care Innovations Ltd, you will be expected to work toward a set of compliance standards. Evolutio will undertake an annual compliance inspection to assess your level of compliance and support your practice in ensuring you are working to a common set of standards expected by all NHS providers.

PRACTICE DETAILS

Practice Trading Name *

Business Legal Entity Name *

Limited Company/Sole Trader Or Limited Liability Partnership * Limited Sole Trader LLP

Practice Address *

Postcode * Practice VAT Number * Company No. *

Practice Phone Number *

Practice Email Address *

Practice's Local CCG *

LEAD CLINICIAN

Lead Clinician Full Name *

Lead Clinician Direct Contact Email *

SECRETARY / ADMINISTRATOR CONTACT

Secretary/Administrator Full Name *

Secretary/Administrator Direct Contact Email *

PLEASE PROVIDE SOME GENERAL DETAILS THAT APPLY TO YOUR BUSINESS

On-site parking * Yes No If yes, number of spaces Other parking available * Yes No

Distance from nearest parking

Disability Access (including level access and wheelchair width doorways)* Yes No

Nearest bus stop * Nearest Train Station *

Number of clinicians to deliver the service *

Expected number of walk-in slots available each day *

How many new patients do you want a week? *

Pre-Screening/Diagnostic Room separate to consulting room? * Yes No

Internet Connection * Yes No

Internet speed

Please test your speed at www.speedtest.net and record the results here for upload and download speeds

Diary Management * eVconnect Diary Own practice management system

If you visit this webpage - <https://evonnectapp.evonnect.com/ECOLB/ping> - does the webpage return 'Hi'? *

Yes No

EQUIPMENT DETAILS

Distance test chart *

Yes No

Near test chart *

Yes No

Trial lenses and trial frame and/or phoropter *

Yes No

Serviceable slit Lamp *

Yes No

Wheelchair accessible slit lamp/diagnostics/visual acuity assessment *

Yes No

Contact tonometer *

Yes No

Tonometer *

Replacement tonometer tips *

Yes No

Equipment for superficial foreign body removal *

Yes No

Colour vision test *

Yes No

Indirect fundus lens (e.g. Volk 78D) *

Yes No

Threshold fields machine *

Yes No

Fields machine printer available or method of extracting to pdf *

Yes No

Colour fundus camera *

Yes No

OCT *

Yes No

OCT Model No.

FAF Imaging *

Yes No

Anterior imager (standalone / slit lamp mounted / secure tablet or phone) *

Yes No

Included on some OCT and Optomap instruments:

Gonio Lens *

Yes No

Pachymeter *

Yes No

Or alternative method of measuring corneal thickness:

Optomap *

Yes No

Amsler charts *

Yes No

Equipment for epilation *

Yes No

Corneal topographer *

Yes No

Binocular indirect headset with condensing lens *

Yes No

Crowded distance logMAR test chart *

Yes No

Contrast sensitivity chart *

Yes No

HYGIENE & SAFETY

Sink, soap & paper towels in the consulting room *

Yes No

Alcohol gel in the consulting room *

Yes No

Alcohol equipment wipes in the consulting room *

Yellow Bin *

Yes No

POLICIES

Active NHS GOS Contract? *
 Yes No

NHS Complaints Policy Displayed *
 Yes No

Store Complaints Policy *
Practice policy for service/clinical complaints
 Yes No

Employer & Public Liability Certificates Displayed *
Public visible to pxs & Employer visible to staff
 Yes No

STAFF

Please list each GOC registrant within the practice who will be providing the service

Full Name	<input type="text"/>
GOC Number	<input type="text"/>
Higher Qualifications? <input type="radio"/> Yes <input type="radio"/> No	Insurer <input type="radio"/> AOP <input type="radio"/> Other
<i>Public visible to pxs & Employer visible to staff</i>	
Current DBS Certificate <input type="radio"/> Yes <input type="radio"/> No	
Subject to any GOC warnings, investigations, conditions on registration or criminal convictions? <input type="radio"/> Yes <input type="radio"/> No	
List of higher qualifications	<input type="text"/>

Full Name

GOC Number

Higher Qualifications? Yes

No

Insurer AOP

Other

Public visible to pxs & Employer visible to staff

Current DBS Certificate Yes

No

Subject to any GOC warnings, investigations, conditions on registration or criminal convictions?

Yes

No

List of higher qualifications

Full Name

GOC Number

Higher Qualifications? Yes

No

Insurer AOP

Other

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Current DBS Certificate Yes

No

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Yes

No

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<input type="radio"/> Yes <input type="radio"/> No			
List of higher qualifications			
<input type="text"/>			

If you have more clinicians that need adding please email:
affiliate@evolutio-uk.com

By submitting this form, I / we confirm that the information provided is correct and accurate to the best of my/our knowledge and I/we understand that it is my/our responsibility to ensure compliance is maintained through a process of continuous improvement and to immediately notify Evolutio if anything contained within this form requires amending.

Once you have completed this form please save it as a PDF and email it to: affiliate@evolutio-uk.com