**COVID-19 OMFS Trauma - User registration form**

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| --- | --- |
| Hospital name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trust name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical lead / OMFS Covid-19 Lead | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Collaborators’ details** (add as many lines as necessary)

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| --- | --- | --- | --- | --- |
| Full name | Work email address  (nhs.net / nhs.uk) | Phone number (optional) | Role in project (clinical lead, data entry…) | ORCID number if available |
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