**Quality and Outcome in Oral and Maxillofacial Surgery (QOMS)**

**Collaborator registration form**

**Return completed form to** **redcap@baoms.org.uk**

**Location**

|  |  |
| --- | --- |
| Hospital name(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trust name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical lead: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Indicate which project(s) each user needs access to |
| Full name | Email address**(nhs.net or nhs.uk)** | Phone number (optional) | Role in project (clinical lead, data entry…) | ORCIDNumber(optional) | Expiration date \* | ODA | Orthognathic | Oncol-Recon | Trauma | Skin |
| *John Smith* | *john.smith@nhs.net* | *07712345678* | *Data entry* |  | *01/08/2021* | *X* |  | *X* |  | *X* |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

*(\* optional, indicate if/when the user is due to leave the Trust – end of contract, rotation, retirement…)*