**Document Control Sheet – *Insert name of Policy***

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

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| Document Type |  |  |  |
| Document Purpose |  |
|  |
| Consultation/ Peer Review: | Date: | Group / Individual |
|  *list in right hand columns consultation groups and dates ->* |  |  |
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| Approving Committee: |  | Date of Approval: |  |
| Ratified at: |  | Date of Ratification: |  |
|  |  |  |  |
| Training Needs Analysis:*(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)* |  | Financial Resource Impact |  |
| Equality Impact Assessment undertaken? | Yes [ ] | No [ ] | N/A [ ]Rationale: |
| Publication and Dissemination | Intranet [ ] | Internet [ ] | Staff Email [ ] |
| Master version held by: | Author [ ] | HealthAssure [ ] |  |
|  |  |  |  |
| Implementation: | *Describe implementation plans below - to be delivered by the Author:* |
|  | * .
* .
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| Monitoring and Compliance: |  |

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| ***Document Change History:*** |
| *Version Number / Name of procedural document this supersedes* | *Type of Change i.e. Review / Legislation*  | *Date*  | *Details of Change and approving group or Executive Lead (if done outside of the formal revision process)* |
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