



ROYAL VICTORIA EYE AND EAR HOSPITAL

---

## Clinical Audit Registration Form

**AUDIT TITLE:**

**REASONS FOR CHOICE OF AUDIT:**

National priority-

Local priority-

**AUDIT OBJECTIVES:**

**AUDIT STANDARDS:**

(Continue on a separate sheet if necessary)

Standard of care

Exception

**CONSULTATION:**

**Will the audit involve patients?**

**Will the audit involve other healthcare professionals?**

**Will the audit involve other organisations?**

**If yes to any of the above, has their agreement been obtained to carry out the audit?**

**AUDIT METHOD:**

**Data collection proforma**

**Questionnaire**

**Interview**

**Other**

**DATA SOURCE**

**Healthcare records**

**Computer held information**

**Patient experience**

**Other**

**DATA SOURCE:    Prospective  
                          Retrospective**

**PROPOSED SAMPLE SIZE:**

**Proposed start date:**

**Proposed end date:**

**How do you intend to share the audit results:**

---

---

---

**CONSULTANT SUPERVISOR:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**SIGNATURE OF PROJECT LEAD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NAME OF MAIN CONTACT FOR PROJECT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOBILE NUMBER/BLEEP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**Please return the completed form to:**

**Ms Úna Nugent  
Education & Conference Centre  
Royal Victoria Eye & Ear Hospital  
Adelaide Road  
Dublin 2**

[una.nugent@rveeh.ie](mailto:una.nugent@rveeh.ie)

01-6343659

Office use only

Date Received: \_\_\_\_\_

Signed by: \_\_\_\_\_