

**Facility Registration Form for the 2016 Survey of Healthcare-Associated Infection & Antibiotic Use
in Long-Term Care Facilities (HALT 2016)**

Instructions:

1. Sections A and B to be completed and signed by the Director of Nursing/General Manager/his or her Deputy of each participating facility

2. **The deadline for registration to participate in HALT 2016 is Friday February 19th**
 - a. Scan completed form and e-mail to: HALT@hpsc.ie
 - b. Fax completed form to: 01-856 1299
 - c. Post completed form to: HALT Administrator, HPSC, 25-27 Middle Gardiner St, Dublin D01 A4A3.

Section A – This facility intends to participate in HALT 2016:

Facility name: _____

Address: _____

SIGNED: _____

Director of Nursing/General Manager/Deputy

E-mail address:* _____

This facility participated in HALT 2013 (circle answer): YES NO

Section B

Our nominated local HALT coordinator is: _____

Job Title: _____

Our coordinator attended HALT training in 2013 (circle answer): YES NO

E-mail address for local HALT coordinator:* _____

Work telephone number (direct): _____

***All future correspondence on HALT 2016, including information on registration for HALT training courses in April 2016 will be sent to these e-mail addresses. It is critical that in-use e-mail addresses are provided**