**A white background with black text

Description automatically generatedService Commitment Form**

**LCC Infection Prevention & Control Link Champion Program**

*Please complete all sections and return a scanned copy of this form to:* [healthprotectionteam@lincolnshire.gov.uk](mailto:healthprotectionteam@lincolnshire.gov.uk)

**Service / Facility Name:** Click or tap here to enter text.

**Location:**Click or tap here to enter text.

**Type of Service:**

☐ Residential Service e.g., Nursing Home or Care Home

☐ Learning Disabilities Service

☐ Community Supported Living

☐ Domiciliary Care

**The service will support our IPC Link Champion by committing to:**

* Allocating time for the IPC Link Champion to attend IPC Link Champion Meetings quarterly.
* Ensuring the IPC Link Champion has access to an established e-mail address (ideally a work email address) to communicate with the Health Protection Team (Lincolnshire County Council) Senior Health Protection Nurses, and access to a computer within the clinical area.
* Supporting the IPC Link Champion to access local and national Infection Prevention and Control guidelines by providing access to the internet at work
* Supporting the IPC Link Champion to attend relevant study days/webinars in relation to IPC.
* Providing the IPC Link Champion with protected time to undertake the IPC Link Champion role.
* Reviewing the results of local level Infection Prevention and Control audits and action recommendations indicated in collaboration with the IPC Link Champion.

**Nominated Individuals details:**

I Click or tap here to enter text. would like to apply for a place on the LCC Infection Prevention & Control Link Champion Programme.

***Email address for the nominee (work email address preferred):***

Click or tap here to enter text.  
   
***Contact number for the nominee:***

Click or tap here to enter text.  
  
***Signature of Nominated Link Champion:***

Click or tap here to enter text.

***Date:***

Click or tap to enter a date.

**Line Manager details:**   
  
***Name & Title:***

Click or tap here to enter text.

***Signed:***

Click or tap here to enter text.

***Date:***

Click or tap to enter a date.

***Contact Phone Number:***

Click or tap here to enter text.

***Email Address:***

Click or tap here to enter text.