******QuitManager New Group Clinic Set-up**

**Complete one form per clinic**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Advisor Name(s)[[1]](#footnote-1):** |  | | | | | | |
| **Clinic Name** | *Guidance on naming the clinic appropriately is in the attached Guidance Note.* | | | | | | |
| **Type of group** | **Women’s only  Men’s only  Mixed Gender** | | | | | | |
| **Is this clinic part of the SHC programme?** | **Yes  No** | | | | | | |
| **Location** | *E.g. South County Dublin* | | | | | | |
| **CHO** | **If Clinic/Service is in the community then please state the CHO** *e.g. CHO 7* | | | | | | |
| **Hospital Group** | **If Clinic/Service is on an Acute Hospital Site, please state which Hospital Group:** *e.g. Saolta.* | | | | | | |
| **Day** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Start Date** |  |  |  |  |  |  |  |
| **Start Time** |  |  |  |  |  |  |  |
| **Finish**  **Time** |  |  |  |  |  |  |  |
| **Address** (if not included in the clinic name) |  | | | | | | |
| **Eircode**  **(Mandatory)** | Use Eircode look up if required. <https://finder.eircode.ie/#/> | | | | | | |
| **Contact Person** | May be clerical support, receptionist | | | | | | |
| **Telephone No** | Should be advisor’s direct contact, ideally mobile where possible | | | | | | |
| **Intervention setting** | *E.g. mental health acute, community, primary care, community, maternity, acute services etc.* | | | | | | |

1. You should include the name of the HSE Stop Smoking Advisor supporting this group [↑](#footnote-ref-1)