Stop Smoking Advisor Registration Form

The Stop Smoking Advisor acknowledges and agrees that the six week standard treatment programme for tobacco cessation will be provided to clients accessing the programme and delivered in line with the National Standard for Tobacco Cessation Support Programme. Data collection shall be maintained in line with the QuitManager best practice guidelines and KPI's shall be returned to the Tobacco Free Ireland Programme as the national coordinating centre for tobacco control in the HSE.

Stop Smoking Advisor Details:

Name of advisor
(BLOCK CAPITALS)

Work Address &

Eircode:

Email:

Phone (Mobile/Landline):

Location(s) of Service: Acute Hospital ☐   Voluntary Hospital ☐   Community/CHO ☐   Other ☐

Details of Location:

(Name of hospital/
hospital group/
CHO/Community/
mental health/other)

Hours delivering stop smoking service per week:

Please specify   Nurse ☐   Midwife ☐   Health Promotion & Improvement Staff ☐   Other ☐

Job Title/Details:

Professional registration number
(If applicable)

Do you offer Tobacco Free Campus support?   YES ☐   NO ☐

Signature: _____

Date: _____

1.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

2.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

3.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

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4.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

5.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

6.	Location of Clinic/Group	
	Eircode	
	Days of Clinic	Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
	Frequency of Group	
	Time of Clinic/Group	Start: Finish:

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