

## Staff authorisation for using the MBRRACE-UK reporting system



**I authorise the following staff member to register with MBRRACE-UK to provide data on behalf of the named Trust/Health Board**

Name of staff member:

Job title:

Email address:

Telephone no:

Name of unit (in full, without abbreviations):

Name of Trust or Health Board:

Will this staff member be a **Lead Reporter** for your Trust/Health Board? Yes  No

**If yes**, complete section **1, 2 and 3**

**If no**, complete section **2 and 3 only**

### Section 1: Lead Reporters ONLY

(a) Please tick all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Maternity service lead for perinatal reporting | <input type="checkbox"/> Lead for Maternal deaths/morbidity |
| <input type="checkbox"/> Neonatal lead for perinatal reporting          | <input type="checkbox"/> Audit department staff             |

### Section 2: ALL Reporters

(a) This person will report/notify: (Please tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Perinatal Deaths | <input type="checkbox"/> Maternal deaths |
|---|--|

### Section 3: Authorisation

**All registration must be authorised by someone at or above the level of Head of Midwifery or Lead Consultant**

Name of senior member of staff authorising this request:

Designation:

Signature:

Email address:

Telephone no:

**Please return completed forms to:**

**email:** mbrrace@npeu.ox.ac.uk **Post:** MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF