

The review of stay details a summary of activities, positive outcomes and achievements related to the Short Term Accommodation (STA) stay and must be completed at the end of each stay.

| Details of the person we support | | |
|---|---------------------|------------------|
| Name | | |
| Person Responsible (if relevant) | | |
| Staffing Ratio | | |
| Short Term Accommodation Site Information | | |
| Site Address | | |
| Phone | | |
| Review of Stay | | |
| Dates of Stay | Arrival Date | Exit Date |
| | | |
| Summary of Daily Activities (engagement and participation, active support) | | |
| | | |
| Positive Outcomes & Achievements (goals, social relationships, learning new skills, exploring new environments, support interventions) | | |
| | | |
| Support Plans Requiring Update (e.g. epilepsy, medication, diabetes, eating and drinking) | | |
| | | |

| Targeted Safeguarding Goals & Strategies (areas of risk to be addressed before next stay) | | | |
|---|------------|-----------|------------------------------|
| | | | |
| Restricted Practice Authorisations | | | |
| | | | |
| Completed By | Print Name | Signature | Date |
| LWB Staff Member | | | |
| Office Use Only | | | Complete |
| Forward copy of this Review of Stay to the Person we support / Person Responsible | | | YES <input type="checkbox"/> |
| Upload copy to CIRTS Progress Notes>Subject Category>Subject: Review of Stay YYY.MM.DD | | | YES <input type="checkbox"/> |

| Review Prior to Confirmation of Next Stay | | | |
|---|------------|-----------|------------------------------|
| Complete below to confirm this form has been reviewed before accepting any new bookings for this person to ensure all requirements and safeguards have been addressed. | | | |
| Reviewed By | Print Name | Signature | Date |
| LWB Staff Member | | | |
| Office Use Only | | | Complete |
| Reviewed prior to confirming a new booking | | | YES <input type="checkbox"/> |
| Have all requirements and safeguards addressed? If not, inform the person we support/person responsible that all requirements and safeguards must be addressed before any further bookings are made and notify your line supervisor | | | YES <input type="checkbox"/> |