

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)		

<b>Targeted Safeguarding Goals &amp; Strategies</b> (areas of risk to be addressed before next stay)			
<b>Restricted Practice Authorisations</b>			
<b>Completed By</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
LWB Staff Member			
<b>Office Use Only</b>			<b>Complete</b>
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 YYYY.MM.DD			YES <input type="checkbox"/>

<b>Review Prior to Confirmation of Next Stay</b>			
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.			
<b>Reviewed By</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
LWB Staff Member			
<b>Office Use Only</b>			<b>Complete</b>
Reviewed prior to confirming a new booking			YES <input type="checkbox"/>
<b>Have all requirements and safeguards addressed?</b> 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"/>