**SMHPS Audit – Record of Evidence**

**Organisation** – *Name of Organisation*

**Date of Audit** – 01/07/2017

Copies of the below documentation can be obtained from the ‘Knowledgeable Person’ identified on the completed SMHPS Audit form

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| **Evidence Number** | **Document Description** |
| 1 | M&H Policy |
| 2 | Job descriptions of M&H Service Lead, Adviser and Trainer |
| 3 | SMHPS Job mapping and portfolio |
| 4 | Training Attendance Analysis |
| 5 | Equipment Inventories |
| 6 | M&H Education Strategy Overview |
| 7 | M&H Induction Checklist |
| 8 | M&H Competency Assessment Template |
| 9 | Competency Assessment Criteria |
| 10 | M&H Self Assessment |
| 11 | M&H Attendance Record Template |
| 12 | Course Training Record |
| 13 | Course non-attendance / non-completion SOP |
| 14 | Quarterly report proforma |
| 15 | SMHPS Audit |
| 16 | Foundation training timetable |
| 17 | Certificate of Training |
| 18 | Individual patient assessment form |
| 19 | M&H Training Records Audit Template and SOP |
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