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|  | CPA Case Study TemplateCONFIDENTIAL Date |
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**Case study title e.g. Contingency Planning**

**Case study subtitle – Care home example**

**Introduction**

Brief introduction to real examples of how care providers/managers/staff are preparing/managing this issue. Include a brief background to the case study topic, provider type, service user group, region/location operated in, type of service(s) provided.

**The challenge**

What was the challenge/goal/objective? What problem needed solving? Who did what/when/how? What benefits were you wanting to achieve? Who were the target audience (e.g. residents, staff, managers, providers, etc?).

**The solution**

What was done to solve the challenge/issue? What was unique about your approach to this solution? What proof is there that the objective was achieved? Was it integrated into an existing plan/strategy? How was this communicated? Who was it communicated to?

**The results/evaluation**

What significant change has been achieved? What customer testimonials support your results/claims of success?

Other

Please provide any other information that you think would be helpful and not already covered above.

**Consent**

Do you have any photographs/imagery that could be used to support this case study?

󠄀 Yes 󠄀 No

Would you be prepared to be featured in video/film on this case study?

󠄀 Yes 󠄀 No

Would you be prepared to be featured in social media?

󠄀 Yes 󠄀 No

We would like your consent to use the case study information and supporting imagery (including audio and visual assets) for publicity and promotional initiatives. The case study may appear in our printed resources, on our website and social media platforms. We may also send them to the news media to accompany stories/articles we write about our work. You can withdraw consent at any time by contacting us.

I give my consent for the case study and supporting media assets to be used by the Care Provider Alliance for communication purposes.

󠄀 Yes 󠄀 No

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\*Photos and video recordings will not result in any payment of royalties or fees. Your consent assigns to Care Provider Alliance any copyright or other rights in relation to the use of photographs or recordings in which you are identifiable.

**Your details**

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| Full name: |  |
| Job title: |  |
| Organisation: |  |
| CPA member organization: |  |
| Email: |  |
| Date: |  |