

## ASAP CODE OF PRACTICE PART ONE – CALLS HANDLING OPERATIONS

### TESTIMONIAL

Name of Organisation **Sandwell Homes**

Name of Service **Sandwell Community Alarms** Date of Accreditation **Nov 02**

Name of Person Completing this Form **Bev Abberley**

Contact Details – Tel **0121 525 4290**

Email **[bev\\_abberley@sandwellhomes.org.uk](mailto:bev_abberley@sandwellhomes.org.uk)**

Why did you embark on the process of Accreditation to the Code of Practice Part One?

**To be recognised as a quality service.**

What did you think of the process?

**Does take time and energy and commitment from everyone within the team.**

What do your staff think of the Code of Practice Part One?

**Have pride in knowing that others see them as a working within a 1<sup>st</sup> class service provider.**

What benefits have your service and customers gained from achieving the Code of Practice Part One?

**Monitoring and performance at all times.**

What would you say to ASAP Members who had not yet started to think about accreditation to the Code of Practice Part One?

**Why? Do they have something to hide?**

Would you be prepared to have your name and contact details promoted as someone who would support prospective organisations achieve accreditation eg a Buddy System providing telephone support or one-off visits?

**Yes**

Any Other Comments?

**We are due to re submit at the end of the year, so we could do with someone to buddy who has recently obtained code.**