**BACCN position statement on Visiting in Critical Care (2012)**

**Update working group**

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **BACCN membership number** |  | |
| **Do you work in critical care** |  | Speciality: |
| **Why do you want to be involved in this project?** |  | |

**Completed form to be emailed to** [**support@baccn.org**](mailto:support@baccn.org) **by 29th October 2023**