UCLPartners Improvement Fellows Programme 2017

Application form

# Guidance on completing this application form

***Please read the*** [***Information for applicants***](http://uclpartners.com/wp-content/uploads/2016/07/Information-for-Applicants-2017.pdf) ***before completing this form.***

We recommend you save this form to your own computer before completing it. The application should be submitted using the following format: ‘Your name – organisation name’, e.g. ‘Jane Smith - Merrydown Hospital’, submitted to [improvementfellows@uclpartners.com](mailto:improvementfellows@uclpartners.com).

Please note that both you and your line manager need to sign the application, so you will either need to use electronic signatures or scan your application.

The sections of this form marked with an asterisk (\*) will be used to populate a directory of Fellows which will be made public if you become a Fellow. Please ensure these sections are accurate and don’t forget to let us know if any of these details change.

We are working in partnership with The Health Foundation to scope improvement work and capability across our region. As part of this process, we would like to share with them the contact details of those who have indicated their interest in receiving information about being a future participant of [the Q Initiative](http://www.health.org.uk/programmes/the-q-initiative). Please sign the last box in Section 7 of this form if you are happy for UCLPartners to share your name and contact details with the Health Foundation.

If you have any questions, please contact [improvementfellows@uclpartners.com](mailto:improvementfellows@uclpartners.com) in the first instance.

## Section 1: About you \*

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| --- | --- |
| Name (and title) \* |  |
| Job title \* |  |
| Professional background \* |  |
| Department |  |
| Organisation \* |  |
| Key responsibilities \*  *Please briefly summarise the responsibilities of your current post (100 words max)* |  |
| Contact address  *Please state whether work or home* |  |
| Contact number \*  *Mobile preferred* |  |
| Email address \* |  |

## Section 2: Your knowledge and experience of improvement

Please answer the following questions demonstrating your understanding, knowledge and skills in the following areas (see *Information for applicants*):

What do you understand by ‘improvement’ in the context of health and social care delivery? Please note that we are not looking for a text book definition, more what improvement means to you in your daily work. *(max. 150 words)*

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How do you encourage a culture of continuous improvement in your work? *(max. 150 words)*

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What is your experience of spreading improvement across an organisation or wider system? *(max. 150 words)*

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What do you consider are the characteristics of an effective “improver”? *(max. 150 words)*

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Tell us about the most effective improvement work you have been involved in: what was your role? What were the challenges? What were the results? *(max. 300 words)*

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## Section 3: Personal characteristics

We have specified the personal characteristics we would like UCLPartners Improvement Fellows to have (see *Information for applicants*). Taking two examples from the last year, please illustrate how you have demonstrated these personal characteristics in your work.

Example 1 *(max. 150 words)*

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Example 2 *(max. 150 words)*

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## Section 4: Motivation for applying

Please tell us why you want to be a UCLPartners Improvement Fellow *(max. 300 words)*

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What difference do you think being a UCLPartners Improvement Fellow will make to you *(max. 300 words)*

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## Section 5: Learning session participation

The learning sessions are core to the Improvement Fellows Programme, and it is important that Fellows participate fully in each session. Please confirm whether you are able to attend the sessions as below.

Each session will be held in central London between midday and 5pm with the first and last sessions finishing at 7pm. We have alternated the day of the week to take into account those with clinical commitments.

|  |  |
| --- | --- |
| **Learning session** | **Attendance** |
| Wednesday 15th February | Able to attend / Unable to attend |
| Thursday 27th April | Able to attend / Unable to attend |
| Monday 26th June | Able to attend / Unable to attend |
| Tuesday 5th September | Able to attend / Unable to attend |
| Thursday 2nd November | Able to attend / Unable to attend |
| Wednesday 13th December | Able to attend / Unable to attend |

## Section 6: Organisational support and declaration

***(To be completed by your line manager)***

Employing organisations are expected to:

* Enable individuals to commit to a minimum of six half days in this programme during 2017
* Ensure that individuals have the opportunity to share what they learn
* Fund any required backfill, travel and other expenses

Please tell us why you think this individual meets the requirements of this programme and should be considered. *(max. 200 words)*

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Please tell us how you will actively support this person when they join the UCLPartners Improvement Fellows Programme, to ensure they can contribute fully to it and get the most out of it. *(max. 200 words)*

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I understand that any personal data I supply will be held in confidence by UCLPartners, to process and review this application, provide ongoing personnel administration and to support the running of the Improvement Fellows Programme (where appropriate), in accordance with the Data Protection Act 1998. In addition, we may where it is appropriate share the personal data with other individuals and organisations, such as the Health Foundation Evaluation Team.

I confirm that I have read and fully support this application. I give my permission for UCLPartners to share personal data supplied as part of this application with other individuals and organisations where there is a legitimate business need. My signature in the box below provides this consent.

As line manager of the applicant, I have also read and fully understand the nature of the UCLPartners Improvement Fellows Programme and support required to the successful applicant throughout the programme. I understand that by participating in this programme the applicant will be required to attend four learning sessions and by signing below I agree to release the applicant for this time. I hereby confirm that I have the authority to make the above commitment and undertake to provide internal organisational support during the period of the programme.

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| --- | --- |
| Name of line manager |  |
| Position |  |
| Date |  |

## Section 7: Declaration of nominated participant

By signing this form, I understand that, if successful:

My personal details will be held in confidence by UCLPartners and in accordance with the Data Protection Act 1998. The information I have supplied will be used for the purposes of assessing my application and if I am selected, ongoing personnel administration and to support the running of the Improvement Fellows Programme including the development of an online directory of fellows. I consent to UCLPartners sharing my personal data where there is a legitimate business need with other individuals and organisations, such as the team carrying out the evaluation.

If selected, I will participate fully in the programme by, attending events and sharing learning with others and helping inform future cohorts of the programme.

I am aware of the level of commitment required (a minimum of six half days during 2017) and am confident that I have the full support of my line manager and organisation for the duration of the initiative.

I will abide by the rules of engagement as outlined in the *Information for applicants*.

I will participate in the evaluation of the programme as and when requested by UCLPartners.

If for any reason I am no longer able to participate, I will let UCLPartners know in writing at the earliest opportunity.

I confirm that the information provided in the application form is accurate.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Date |  |

### Working in partnership with the Health Foundation

I give consent for my name, contact details and information about the improvement work I am involved in to be shared with the Health Foundation for the purposes of understanding regional improvement activity and networks and to receive information about being a future participant of Q and in any other legitimate activity of the Foundation; this includes transfer to and use by such individuals and organisations as the Foundation deems appropriate.

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Sharing preferences (if any) |  |