UCLPartners ESCAPE-pain programme 2018-20

Application form

# Guidance on completing this application form

***Please read the*** [***Information for applicants***](https://uclpartners.com/wp-content/uploads/2018/12/UCLPartners_ESCAPE-pain_information-for-applicants.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: ‘Organisation name’, and ‘applicant’ eg: ‘Merrydown Hospital – Michaela Quinn.docx’ submitted to [escapepain@uclpartners.com](mailto:escapepain@uclpartners.com).

Please note that the applicant and the executive sponsor will need to both sign the application before submission, so you will either need to use electronic signatures or scan section 4 and 5 of your application.

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

The ESCAPE-pain training has been approved by the [**Register for Exercise Professionals**](https://www.exerciseregister.org/) (REPs) and we can now offer our trained facilitators 7 CPD points if they are registered with REPs.

## Section 1: About you

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

## Section 2: Motivation

Please answer the following questions demonstrating your motivation for participating in the UCLPartners’ ESCAPE-pain programme:

1. Why are you interested in participating in UCLPartners’ ESCAPE-pain programme? *(max. 150 words)*

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2. Describe your organisations’ current rehabilitation methods for treating hip and knee osteoarthritis (OA)? *(max. 150 words)*

*Please indicate how many rehab sessions are being run for hip and knew OA per quarter.*

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3. Indicate how and when you plan to implement ESCAPE-pain within your organisation. *(max. 150 words)*

*Please note there is an expectation that you will* *be able to deliver at least one cohort (**of a minimum of 10 participants completing the rehab) within 3 months of completing facilitator training.*

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4. How will you ensure that, ESCAPE-pain becomes part of the offer for your population? *(max. 150 words)*

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5. Specify any additional support you anticipate your organisation will require to implement ESCAPE-pain. *(max. 150 words)*

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## Section 3: Commitment

**Training**

To deliver ESCAPE-pain, facilitators must attend a 1-day facilitator training course. This will be full-funded by UCLPartners.

Please indicate, with an (X) the training dates you will be available to attend:

|  |  |  |
| --- | --- | --- |
| **Training date** | **Yes, I am available to attend** | **No, I am not available to attend** |
| Friday 13th December 2019 |  |  |
| Friday 7th February 2020 |  |  |
| Friday 3rd April 2020 |  |  |

Once facilitators have completed training, each facilitator participating in the programme will be expected to deliver ESCAPE-pain to *at least one cohort (of a minimum of 10 participants completing the rehab) within 3 months of completing facilitator training.*

## Section 4: Organisational support and declaration

***(To be completed by an executive sponsor)***

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Professional background |  |
| Department |  |
| Organisation (if multi-site please specify which site) |  |
| Key responsibilities  *Please briefly summarise the responsibilities of your current role (100 words max)* |  |
| Contact address  *Please state whether work or home* |  |
| Contact number  *Mobile preferred* |  |
| Email address |  |

**Participating organisations are expected to:**

* Enable the applicant to commit fully to the programme
* Support the implementation of ESCAPE-pain within the organisation, ensuring each facilitator delivers at least one cohort (of a minimum of 10 participants completing the rehab) within 3 months of completing facilitator training.
* Work closely with UCLPartners to fulfil the objectives of the programme

Please tell us why you are supporting your organisation to participate in this programme, and how you will support the applicant to implement ESCAPE-pain. *(max. 200 words)*

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As the executive sponsor, I have read and fully understand the nature of the UCLPartners’ ESCAPE-pain programme, as well as the support required to the successful applicant.

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.

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

I confirm that I have read and fully support this application.

|  |  |
| --- | --- |
| Name of executive sponsor |  |
| Signature |  |
| Role |  |
| Date |  |

## Section 5: Declaration of applicant

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

My personal details will be held in confidence by UCLPartners and in accordance with General Data Protection Regulation (GDPR) and as detailed in the Local Privacy Notice – UCLPartners ESCAPE-pain Programme. The information I have supplied will be used for the purposes of assessing my application and if I am selected, for the purposes of ongoing personnel administration and to support the running of the ESCAPE-pain programme. I consent to UCLPartners sharing my personal data with the team carrying out the evaluation of this programme. 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 and am confident that I have the full support of my line manager/supporting colleague and organisation/practice for the duration of the initiative.

I am available to attend one of the training days mentioned, highlighted in section 3, and will attend the CoP to help share and learn with peers.

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 – applicant |  |
| Signature |  |
| Role |  |
| Date |  |

**Voluntary Information**

If you are successful, and following completion of the programme, we would like to include your contact details on UCLPartners Database, to send you invitations to relevant workshops and talks, as well as notification of and requests to circulate information on programmes/jobs open for application. This will not affect your application in any way.

If you would like to be included on this database, please tick this box:

Please note that your data will be processed in accordance with this [Privacy Notice](file:///\\office.uclp.ucl.ac.uk\UCLP\Group\Quality%20Team\9%20ESCAPE-pain\Applications\Privacy%20notice\2018_20%20EP-Local-Privacy-Notice-EP.docx).