  **Quality, Service Improvement and Redesign Virtual**

**APPLICATION FORM**

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| **APPLICANT DETAILS** | | |
| Name |  | |
| Assignment Number |  | |
| Job Title |  | |
| Please indicate your AfC banding. This is to ensure the QSIR offering is provided to all staff within the trust |  | |
| Directorate |  | |
| Service/ Team |  | |
| If you do not work for CPFT, please indicate your organisation |  | |
| Contact Details | Email: | Phone: |

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| Please detail any previous quality improvement experience  *Courses/ workshops attended, involvement in QI projects* |
| How will completing the programme assist you in meeting your identified development goals? |
| Please provide a brief description of the quality improvement project that you would like to undertake |
| Please identify which of the Trust quality priorities your planned project relates to: |

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| **Cohort applied for (please indicate a 1st and 2nd choice or if you need to attend dates on different cohorts)** | |
| Cohort V7  5th, 12th, 19th and 26th July 2022 (10am-12noon) |  |
| Cohort V8  16th, 18th, 23rd and 25th August, 6th, 8th, 13th, and 15th September 2022 (10am-11:15am) |  |
| Cohort V9  27th and 29th September, 4th, 6th, 18th, 20th, 25th and 27th October 2022 (10am-11:15am) |  |

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| **Applicant Requirements** | |
| Please detail any requirements that you have that need to be considered to support you in attending this programme: | |
| **Applicant Signature** | |
| I confirm that I have read and understood the commitment required for this programme | |
| Signature: | Date: |
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| **APPLICANT MANAGER DETAILS** | |
| Nominated by (Manager’s Name) |  |
| Please confirm that you agree to the applicants attendance for all 4 sessions of the programme |  |
| Please confirm that you support the proposed quality improvement project and you will ensure time is allocated for this work to be undertaken |  |
| Please confirm that you will support the applicant to attend additional workshops/ support sessions to enable ongoing development |  |
| Signature: | Date: |
| Email: | Phone number: |
| Service Lead Name  Date: | Service |

If you have any, please email [qualityimprovement@cpft.nhs.uk](mailto:qualityimprovement@cpft.nhs.uk) The application form should be sent as an attachment to [qualityimprovement@cpft.nhs.uk](mailto:qualityimprovement@cpft.nhs.uk)