



Applicant Name:

Improvement Network

Expression of Interest

“A network which enables people across Frimley Health and Care ICS to connect, share and build skills, learning and experience to create healthier communities and improve working lives.”

Please complete the following information and email Claire Quinn, using email frimley.academy@nhs.net by **midday 16th December 2018**

If you require any further information please email Dominique on frimley.academy@nhs.net or contact Claire directly on claire.quinn@nhs.net

The following criteria will be used for selection:

- Demonstration of experience in organisational improvement work
- Agreement with your line manager to be released for this opportunity to work with ICS colleagues for a minimum of 6 days per annum supporting improvement activity
- Support from your employer/organisation/partnership

***Please note the expression of interest (Eoi) is a vital part of inviting network membership; please make every effort to complete fully and with consideration.*

Invitations to join the Network will be based on demonstrating relevant experience and commitment through your expression on interest form and will be reviewed by a panel of cross-system members of Frimley Health and Care ICS.

Please answer all the questions – feel free to expand the form as required to suit your answers.



EXPERIENCE AND UNDERSTANDING

What has been your experience and understanding of improvement to date?

IN YOUR RESPONSE YOU SHOULD REFLECT ON THE FOLLOWING:

1. We are looking for people with established improvement experience, so please detail the improvement activities you've been involved in. You can draw on experience from your whole career, and from voluntary as well as paid work, within the health system and wider.
2. In your response to this question explain what you understand by the term improvement and how you developed your understanding and knowledge of improvement and improvement methodologies (whether it was through structured or on-the-job learning or through other ways).

LIMIT: 500 words

Using **ONE SPECIFIC EXAMPLE** from your improvement experience, tell us what contribution you made and what you learnt?

Please note that if you are successful in your application you may be contacted by the Improvement Network team to share your response on the website,.

IN YOUR RESPONSE YOU SHOULD REFLECT ON THE FOLLOWING:

1. what you did and how you worked with others involved, include the outcomes for staff, patients or the public.
2. We are looking for members who worked on improvement activities that spanned multi-disciplinary teams. When providing your response please reflect on the additional challenges and value opportunities that cross-team experience brings.
3. Not all improvement efforts succeed - please share any limits to what you achieved and what learning you would share from this.

Limit 1000 words



COMMITMENT TO COLLABORATIVE IMPROVEMENT

Why do you want to join the Improvement Network?

IN YOUR RESPONSE YOU SHOULD REFLECT ON THE FOLLOWING:

We are looking for people who have thought about what it could mean to you to be involved in the Improvement Network. Consider what you hope to give to the network community as well as get from the community, for the ultimate benefit of sustainable improvement in health and care.

There is a 6 days per annum time commitment expected from Improvement Network members. We do not know exactly what opportunities will come up through your involvement. The network community will however be there to support you to improve health and care as your career develops and/or your job roles change. While you don't need to be very specific about what you will do, we want to get a sense that you have understood what the Improvement Network is about and your intent to bring time, energy, ideas or influence to the community.

LIMIT: 500 words

Applicant details

First name:

Middle name:

Last name:

Title:
(E.g. Mr., Mrs., Ms etc.)

Preferred contact address

Address line 1:

Address line 2:



Address line 3:	
Address line 4:	
Postcode:	
Mobile number:	
Landline number:	
Email address:	
Social media details:	
Do you belong to any other improvement networks i.e. Q, AHSN?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
What is your professional background? (i.e. what profession/s were you originally trained in)	

Please provide details of your current role(s).	
Job title:	
What is your current (primary) role:	
Do you have a secondary role?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details if yes:

What is the name of your primary organisation?
What type of organisation is your primary organisation?



Employers/ GP partnership

Employers signing this are agreeing to support the time commitment of 6 days per annum.

Employers Signature / GP partnership support (*please sign below, do not type*)

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Name:

Position:

Date:

DECLARATION

Data Protection Act 1998

To comply with this Act, we require your consent to Frimley Leadership and Improvement Academy and their approved agents to use personal data supplied by you in the processing and review of this application and in any other legitimate activity of the Academy; this includes transfer to and use by such individuals and organisations as the Academy deems appropriate. The Frimley Leadership and Improvement Academy requires your further assurance that personal data about any other individual is supplied with his/her consent.

I consent to the Frimley Leadership and Improvement Academy using personal data supplied by me in the processing and review of this application and in any other legitimate activity of the Academy; this includes populating the Academy website, and transfer to and use by such individuals and organisations as the Academy deems appropriate, such as the team carrying out the evaluation and the Academy's regional partners. If successful I consent to being subscribed to the Improvement Network/ Frimley Leadership and Improvement Academy email newsletter.

By submitting your completed application form you are confirming that the information you have supplied is, to the best of your belief, correct and you consent to the above.



DATE:

By providing this information, you are agreeing to us holding this information, under current data protection legislation, and will be helping us to monitor our practice. If you do not wish to respond to any of the questions in the diversity monitoring form please select 'prefer not to say.'

Equality and diversity monitoring form

What is your year of birth?

What gender do you consider yourself to be?

What is your ethnic group?

What is your annual (FTE) income, before taxes but after any regular out of hours or overtime payments?

Do you have any caring responsibilities, not part of your paid employment?

Do you consider yourself to have a disability?

Do you have any health conditions or illnesses which affect you in any of the following areas:

What is your sexual orientation?

What is your religion or belief?

If you wish to add any comments to your responses, please enter them here.