**APPLICATION FORM: Salford Integrated Care Partnership Quality Improvement Fellowship Programme 2024-25**

**Candidate Details**

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| **Name** |  |
| **Contact Telephone Number** |  |
| **Contact Email Address** |  |

**Current Role Details**

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| **Who is your Employer Organisation?** |  |
| **What is your Current Role?***(Please include band/scale if applicable)* |  |
| **Is this Permanent or Fixed Term?***(If Fixed Term please include contract end date)* |  |
| **How long have you been in post?**  |  |
| **What is the address of your main base of employment?** |  |
| **What is your Line Manager’s Name & Role?** |  |
| **What is your Line Manager’s Email Address?** |  |

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| **DECLARATION*****(place an X in each of the boxes to confirm)*** |

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 | I confirm that my Employer is fully aware of, and in support of, my application for this Fellowship  |
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 | I confirm that my Employer is in support of protecting 1 day per week (0.2WTE) of my time to complete this Fellowship  |
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 | I confirm that my Line Manager is happy to be contacted for formal approval if I am selected for interview |

**Fellowship Application Questions**

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| 1. **What is your current level of Quality Improvement knowledge and experience?\***
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| *Please place an X in one box below*

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| **Novice** | **Beginner** | **Intermediate** | **Proficient** | **Expert** |
| *You have not yet had any QI experience*  | *You have had some basic or limited experience (e.g. have heard about it but not done it yourself)* | *You have had some experience taking part in QI, but not regularly or in-depth* | *You have had regular experience doing QI, and are comfortably using it in your role* | *You regularly apply QI knowledge & skills in your work, and are experienced enough to instruct others in it* |
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*\* Please note that having prior QI knowledge is not a requirement for the Fellowship, but knowing candidates’ existing skill level will help us to pitch the interviews and programme content accordingly*

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| 1. **Please tell us why you want to take part in a Quality Improvement Fellowship?**
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| 1. **What experience, skills and attributes do you possess that you believe would make you a good candidate for this learning and development opportunity?**
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| 1. **a) What improvement topic do you want to focus your project on, and which Salford Transformation Priority Area does it align to?**
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|  b) Why is this topic important to you, and what improvements do you think would add value to the Salford system/ patients/ residents? |
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| 1. **How would you continue to use the skills, knowledge and contacts gained from the programme once the 12-month Fellowship period is over?**
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| 1. **a) Are you able to commit to all 4 mandatory training modules?**

*(dates are set out in the information pack)* |
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| **YES** |

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| **NO** |

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 | (please state which one/s cannot be attended) |

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|  b) Are you able to commit to all of the currently-scheduled supplementary training modules? *(dates are set out in the information pack*) |
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| **YES** |

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| **NO** |

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 | (please state which one/s cannot be attended) |

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**- End of Application Questions -**

**Please submit this application to:** **innovation.salfordccg@nhs.net** **no later than 30th June 2024**

**- Next Steps -**

A Shortlisting Panel will take place on **3rd July 2024**, reviewing all applications received and shortlisting to interview. We expect to be able to contact all candidates by the end of **3rd July** (dependent on the volume of applications received). Unsuccessful applicants will be provided with constructive feedback on their applications. Shortlisted candidates will be contacted with an invite to an informal interview. These interviews will be held on **Tuesday 9th July 2024**. All applicants are advised to hold this date provisionally in their diaries, as rescheduling of the interviews may not be possible.