# POCF_Logo_300dpi-01

# Foundations in Patient Experience

# APPLICATION FORM

Please note: only electronic applications will be accepted. Please email completed applications to [isabellemundy@pointofcarefoundation.org.uk](mailto:isabellemundy@pointofcarefoundation.org.uk).The deadline for applications is 7th August 2020.

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |
|  | Last | First |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

## Employer Information

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |
| Phone: |  | Email: |  | | |

## Applicant Role Information

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| --- | --- | --- | --- |
| Title of role: |  | Time in role: |  |

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| --- | --- | --- |
| Previous role: |  |  |

1. The main areas/activities for which you are responsible:

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1. Please describe your key activities over the last year in relation to patients’ experience, and what you know about their effectiveness:

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1. What do you think you may need to learn or change to enable you to become more effective in your role?

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## Applicant Education and Qualifications

1. Please use the box below to provide detail of your education and qualifications:

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| --- | --- | --- |
| **Dates:** | **Institution:** | **Qualifications:** |
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1. Please use the table below to rate your current skills, knowledge and experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Poor** | **Neutral** | **Quite good** | **Good** |
| 1. My awareness of the policy context for patients’ experience and efforts to improve it in the UK and internationally is… |  |  |  |  |
| 1. My confidence about influencing others within my own organisation is… |  |  |  |  |
| 1. My confidence about involving patients and their families is… |  |  |  |  |
| 1. My knowledge of the research and evidence on patients’ experience of care is… |  |  |  |  |
| 1. My confidence about influencing others to promote change in patients’ experience… |  |  |  |  |
| 1. My confidence understanding, analysing and presenting data on patient experience… |  |  |  |  |
| 1. My experience using patients’ experience data to improve services is… |  |  |  |  |
| What are your personal objectives for the course? (Please use the space below – max 100 words): | | | | |

## Course Objectives

1. How will you use your skills following completion of this programme to the benefit of your own organisation and the wider system?

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## Applicant Declaration

Please confirm that you are able to meet the requirements of the course in terms of attendance, time for self-study and completion of your learning log.

You will be expected to attend and participate in four days of lectures and small group discussion in the class room. The course is organised in to four modules, each equate to eight hours learning. In addition to attending these four days, you will be asked to keep a log of your learning experiences and issues in your day job that are relevant. Our aim is to help you develop your own and each other’s skills. You will be expected to undertake project-related activities before and after learning days and asked to reference and share with each other information about their own context and working relationships.

|  |  |
| --- | --- |
| I confirm that I understand the course requirement  YES NO |  |

|  |  |
| --- | --- |
| I confirm I am able to meet the course requirements  YES NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date: |  |

## Leader Support Declaration

To be completed by your immediate Manager and/or Executive Sponsor:

What do you see as the benefits of the Foundations in Patient Experience course for your nominee? For your organisation? And for the wider system? (Max. 100 words)

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Please sign to agree the statement: I confirm my support for the nominee and will ensure s/he can meet the requirements of the programme with respect to time to study and apply knowledge acquired from the course.

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| --- | --- | --- | --- |
| Name: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Job title: |  |

|  |  |  |
| --- | --- | --- |
| Email address: |  |  |

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