

Partners

Application Form

v 0.1

# Application to become a Partner

## Guidance notes

Please read the **application information pack** before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become a Quality Improvement Partner. **At this time we need people who can support through virtual meetings.**

Feel free to contact us if you would like a different format or need help with this form.

Please note the closing date for all applications is **5pm, 30th October** .

**Email:** [**pcpi.ltht@nhs.net**](mailto:pcpi.ltht@nhs.net)

**Via Post:**

**Deborah Tighe**

**Deputy PCPI Manager**

**Patient Experience, Trust HQ**

**St James University Hospital**

**Becket Street, LS9 6RY**

## About you

|  |
| --- |
| Full name: |
| Title: |
| Preferred name: |
| Are you aged 18 or over? Yes / No (please delete as applicable) |
| Address: |
| Postcode: |
| Daytime contact telephone number: |
| Mobile telephone number: |
| Email address: |
| Are you able to access email? Yes / No (please delete as applicable)  If no, please also state your preferred method of communication. |
| Please select the option that best applies to you. I am a: Member of the Public  Patient or health service user (current or previously)  Carer of a patient currently / previously using health services  Other (please state) |
| Are you able to take part in meetings during the day? Usually this will be between 8am and 6pm.  Yes / No (please delete as applicable).  **<Insert details of usual meeting days/times if different to the above>** |
| If you have a preference for a particular opportunity please let us know; we do not expect you to make a decision at this time. QI Partner  Patient Safety  Leeds Improvement Method  LGBTQ+ Network |
| Do you have any additional needs or need particular support from Leeds Teaching Hospitals to enable you to participate? Yes / No (delete as applicable). If yes please explain. |
| How did you find out about this role? Doing Good Leeds  Leeds Teaching Hospitals Trust Website  Social media  Word of mouth  Other, please explain: |
| Are you able to use telephone, email and the internet to communicate and take part in meetings? We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs. We can offer MS Teams training.  Yes / No (delete as applicable). Comments: |
| Are you able to commit to the time commitment outlined in the application pack? Yes / No (delete as applicable). Comments: |
| Do you hold any other voluntary roles in the NHS? Yes / No (delete as applicable). If yes, please provide details: |

## Skills and experience

You should refer to information provided the **application information pack** before completing this section.

|  |
| --- |
| Please tell us why you would like to apply for this role (we suggest you do this in about 100 words). |
| Please tell us about any areas of quality improvement, health, organisations or networks relevant to health and care services that you have an interest in or are a part of (we suggest you do this in about 100 words). |
| Please tell us if you have any experience of giving a public involvement/ patient/carer perspective. It is not essential for you to have experience of this, as support will be provided. (we suggest you do this in about 100 words). |
| Please tell us about any other experience or skills you have which would support your application, You should refer to the Role Description included in your welcome pack (we suggest you do this in up to 200 words). |

## References

Please provide us with two people who have known you for at least three years and can confirm your ability and suitability for this role. Please include the name, job title, address, telephone number and email address of both of your referees.

|  |  |
| --- | --- |
| Reference 1 |  |
| Reference 2 |  |

Please return your completed application form to:

**Email:** [**pcpi.ltht@nhs.net**](mailto:pcpi.ltht@nhs.net)

**By Post**

**Deborah Tighe**

**Deputy PCPI Manager**

**Patient Experience, Trust HQ**

**St James Hospital**

**Thank you for your application.**