**Quality Improvement Coach Expression of Interest**

Thank you for taking an interest in the initiative to develop a network of Quality Improvement (QI) coaches across Salisbury NHS Foundation Trust. As a part of this inaugural network you will serve to publicise the proven benefits Quality Improvement projects can generate as well as assisting in encouraging and empowering colleagues to embrace and engage in QI projects themselves. Together, our aim is to nurture a Trust wide culture of collaborative, fresh thinking which allows us to identify areas for improvement and implement change in a structured, measurable way.

Please see the QI coach specification document for further details of the responsibilities of this role and what you can expect to gain from it, as well as information on the skills and attributes required to effectively carry out this role.

This application will require your line manager’s endorsement and will register your interest in our QI training and subsequent enrolment in our QI coach network. All submissions will be responded to and applicants informed of the outcome.

Completed forms should be sent to: sft.pmo@nhs.net.

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| 1. **General Information**
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| **Name:** |
| **Line Manager:** |
| **Speciality/Department:** |
| **Role:** |
| **Email Address:** |
| **Telephone Ext/Bleep:** |
| 1. **Summary of improvement experience and achievements:**
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| 1. **Why are you applying for this course?**
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| 1. **Personal commitment**
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| *I confirm that I will attend all sessions required to complete the Quality Improvement Coach programme and pledge my commitment to the role to help support and embed sustainable quality improvement initiatives within the Trust.***Please specify your choice of AM or PM slots over the three days and confirm your availability for the final review session:***(AM slots are 9:30-12:30 and PM slots are 1:30-4:30)***Session 1: Weds 29th April AM □ PM □****Session 2: Weds 6th May AM □ PM □****Session 3: Thurs 14th May AM □ PM □****Session 4 (review): Weds 24th June 10am-1pm □****Applicant Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:** |