

Application Form

Note: Please complete an application form for *each* participant, whether you are applying as an individual clinician or as part of a clinical/administrative leadership dyad.

NAME:

PHONE:

JOB TITLE:

ADDRESS:

FACILITY/DEPT:

CITY:

ORGANIZATION:

PROVINCE:

EMAIL:

POSTAL CODE:

I am applying as an individual clinician

I am applying as part of a dyad

Name of dyad partner: _____.

Please describe your current role(s):

Primary area of work (check all that apply):

Primary care

Residential/long-term care

Mental health

Other:

Acute care

Community/home care

Palliative care

Please rate your level of involvement with quality improvement projects:

Very Frequently

Frequently

Occasionally

Rarely

Very Rarely

Never

Please describe any improvement projects you are currently involved in:

As part of the application process, you and your Executive Sponsor (where applicable) are required to have potential topic areas identified for your improvement project. You will meet with your Improvement Advisor prior to the first residency to finalize your project. Please share the areas you are initially considering for your quality project:

I am aware of the expectations and requirements outlined in the Clinician Quality Academy brochure.

Please submit this application by saving a completed copy as a PDF and emailing it as an attachment to learning@bcpsqc.ca.