

Quality Academy – Application Details

Applicant Information

Name: _____

Job Title: _____

Facility / Dept.: _____

Organization: _____

Email: _____

Phone #: _____

Address: _____

City: _____

Province: _____

Postal Code _____

1. Please identify your primary area of work (*check all that apply*):

Primary Care

Acute Care

Residential / Long-Term Care

Community / Home Care

Mental Health & Substance Use

Palliative Care

Other (*please specify*)

2. Please describe your current role:

Quality Academy – Application Details *(continued)*

3. Please rate your level of involvement with quality improvement projects:

Very frequently

Frequently

Occasionally

Rarely

Very Rarely

Never

4. If so, please describe any quality improvement projects you are currently involved in:

Quality Academy – Application Details *(continued)*

As part of the application process, we encourage you to explore with your Executive Sponsor potential areas for your Quality Academy improvement project. During the first residency and with the support of your Faculty Mentor, this project topic will be finalized.

5. Please share the areas(s) you are initially considering for your improvement project:

Once completed, please save a copy and email this form as an attachment to learning@bcpsqc.ca. Applications will not be considered until both the Application Form and the Executive Sponsor Form are received.