

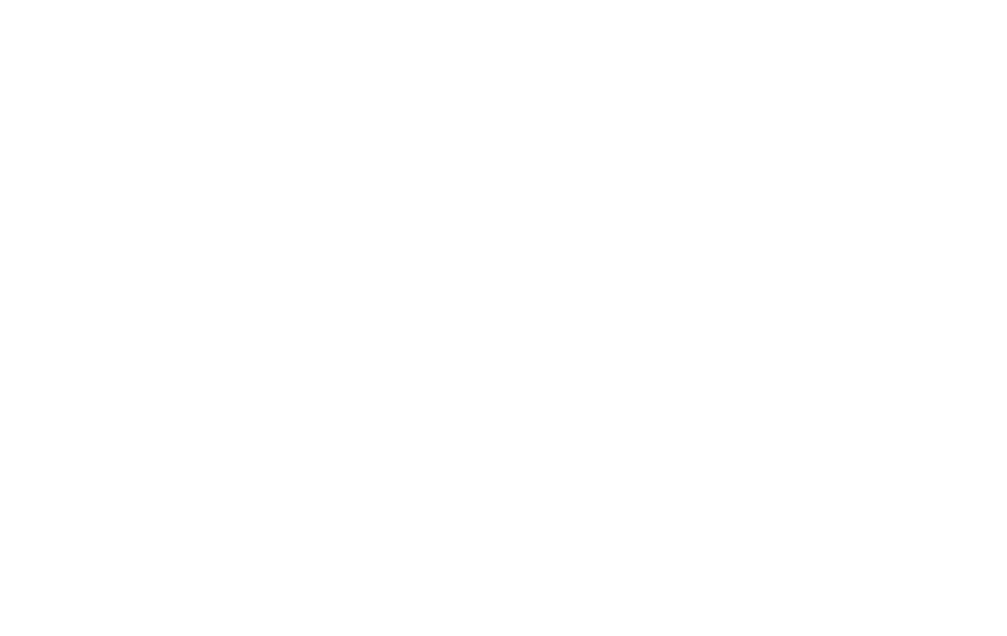
**CEIM**

Experience Improvement Model for

Health and Social Care

CEIM Leaders

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Description automatically generatedProgramme information and application pack

# CEIM Leaders application form

### Please select the cohort you are applying for:

### Cohort 6

### Cohort 7

Places on the programme are limited, so all applications will be assessed by a panel.

Please let us know if you require support to apply for this programme or if you wish to apply using a different format.

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| **SECTION 1** | **Your details** |
| Please provide information about you or the person who will be the CEIM Leader. | |
| Name |  |
| Job title |  |
| Organisation |  |
| Work address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Telephone number: |  |
| Email address |  |
| Outline the main areas of work/activities you are responsible for |  |
| Do you have any access or communication requirements that you would like us to be aware of? |  |

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| **SECTION 2** | **The team you plan to work with**  *In this context, a ‘team’ can be described as a group of people who work together directly or indirectly to provide care or support as part of a health or social service.* |
| Please give details of the team you have identified to coach as part of your CEIM Leaders programme. (The team should not have less than 3 members) | |
| Team name |  |
| Department/service |  |
| Total number of team members |  |
| Location |  |
|  |  |
|  |  |
| Postcode |  |

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| **SECTION 3** | **Application questions** |
| * 1. **What is your reason for applying to become a CEIM Leader?** | |
| Max word count: 200 | |
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| * 1. **What skills, experience or work situation makes you the right person to coach CEIM in your organisation?** |
| Max word count: 200 |
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| * 1. **How would you carry out your role as a CEIM Leader in your organisation?** |
| Max word count: 200 |
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| * 1. **What support will you need to enable you to fully commit to the learning programme and to deliver this role in your organisation, and what have you done/will you do to ensure you get what you need?** |
| Max word count: 300 |
|  |

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| **SECTION 4** | **Declaration** |
| **Data Protection Act 1998**  To comply with this Act, we require you to consent to NHS Education for Scotland (NES) storing and using the personal data supplied by you in the processing and review of this application and in the delivery and evaluation of the CEIM Leaders programme, as well as in any other legitimate activity of the organisation. This includes transfer to and use by such individuals and organisations as HIS deems appropriate for the delivery and evaluation of the programme.  NHS Education for Scotland requires your further assurance that personal data provided in this application about any other individual is done so with their consent.  **All signatories below are providing this consent and assurance.** | |
| **Organisational Sponsor**  Please note the Organisational Sponsor should have the authority to:   * give permission for the applicant to be released and have protected learning time. * authorise improvement changes that are identified by the team implementing the CEIM approach * support the applicant to coach and spread the CEIM approach in the organisation once graduated from the programme | |
| In signing below you give consent for HIS to hold your details for the purposes of this programme and agree to support the applicant in their CEIM Leader role in coaching teams in your organisation to embed and sustain the CEIM approach. | |
| Name: |  |
| Job title: |  |
| Supporting statement: |  |
| Email: |  |
| Signed:  Digital signatures accepted |  |
| Date: |  |
| **CEIM Leader applicant** | |
| In signing below you agree that the information in this application is accurate and that you give consent for HIS to hold your details for the purposes of this programme | |
| Name: |  |
| Signed:  Digital signatures accepted |  |
| Date: |  |

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| --- | --- | --- |
| **SECTION 5** | | **Application Checklist** |
| *Before submitting your application, please check you have:* | | |
|  | Identified an organisational sponsor. | |
|  | Obtained the Organisational Sponsor’s signature in the declaration at section 4. | |
|  | Obtained permission and protected time to participate on all the dates outlined for the programme cohort. | |
|  | Identified a team to work with in the skills development phase and obtained their commitment to implement CEIM and work with you as a coach. | |
|  | Access to a laptop or PC (away from your work place if possible). | |
|  | The ability to access and use Microsoft Teams. | |
|  | The ability to travel to the Graduation and Peer Networking session venue in Glasgow or Dundee (to be confirmed). | |

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| Please email your completed application  to:  [**nes.personcentredcare@nhs.scot**](mailto:nes.personcentredcare@nhs.scot)  Please do not attach or embed any supporting documents in your application email |

**Thank you for your interest in this programme**

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| --- | --- |
| **For Assessor use ONLY** | |
| What are the key strengths of this application? |  |
| What limitations, if any, within this application? |  |
| Score |  |
| Advised outcome | Accept  Do not accept |
| Reasoning behind this decision  (please provide a summary) |  |
| List of any specific questions for the applicant, or further information required |  |