



April 2012 – September 2012



Application Form

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Name:

Phone:

Job title:

Address:

Facility:

City:

Organization:

Province:

Email:

Postal Code:

Please describe your current role:

Primary area of work (check all that apply):

Primary care

Acute care

Residential /long-term care

Community/home care

Mental health

Palliative care

Other:

Please rate your level of involvement with quality improvement projects:

Very Frequently

Rarely

Frequently

Very Rarely

Occasionally

Never



Please describe any improvement projects you are currently involved in:

As part of the application process, we encourage you to explore with your Executive Sponsor potential areas for your improvement project. During the first residency session, this project topic will be finalized. Please share the areas you are initially considering for your quality project:

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