

ASPIRING TO EXCELLENCE

APPLICATION FORM

Please complete all sections below:

Lead applicant name

Additional applicant name(s) (up to two)

Hospital name and address

Please provide some background description of your service:

- How long has the service been established?
- How many patients do you treat with axial SpA?
- How many patients are currently being treated with biologics?
- What are your staffing numbers?

Led by:



In partnership with and supported by:



- Do you have a multidisciplinary team?

Please describe your service improvement goals over the next 3 years and how applying for Aspiring to Excellence could help you to achieve these goals:

Led by:



In partnership with and supported by:



What would you see your service contributing to the programme?

Is there anything else you would like to add in support of this application?

Led by:



In partnership with and supported by:



I agree to commit to attending 4 network meetings per year, being involved with online activity in between meetings and am open to sharing insight. I am willing to work with the programme delivery team to create learning materials to share with others and present at conferences such as BSR, as appropriate.

I have discussed the Aspiring to Excellence programme with the hospital manager who is in full support of this application.

Name of lead applicant

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Title

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Signature of lead applicant

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Date

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Led by:



In partnership with and supported by:

