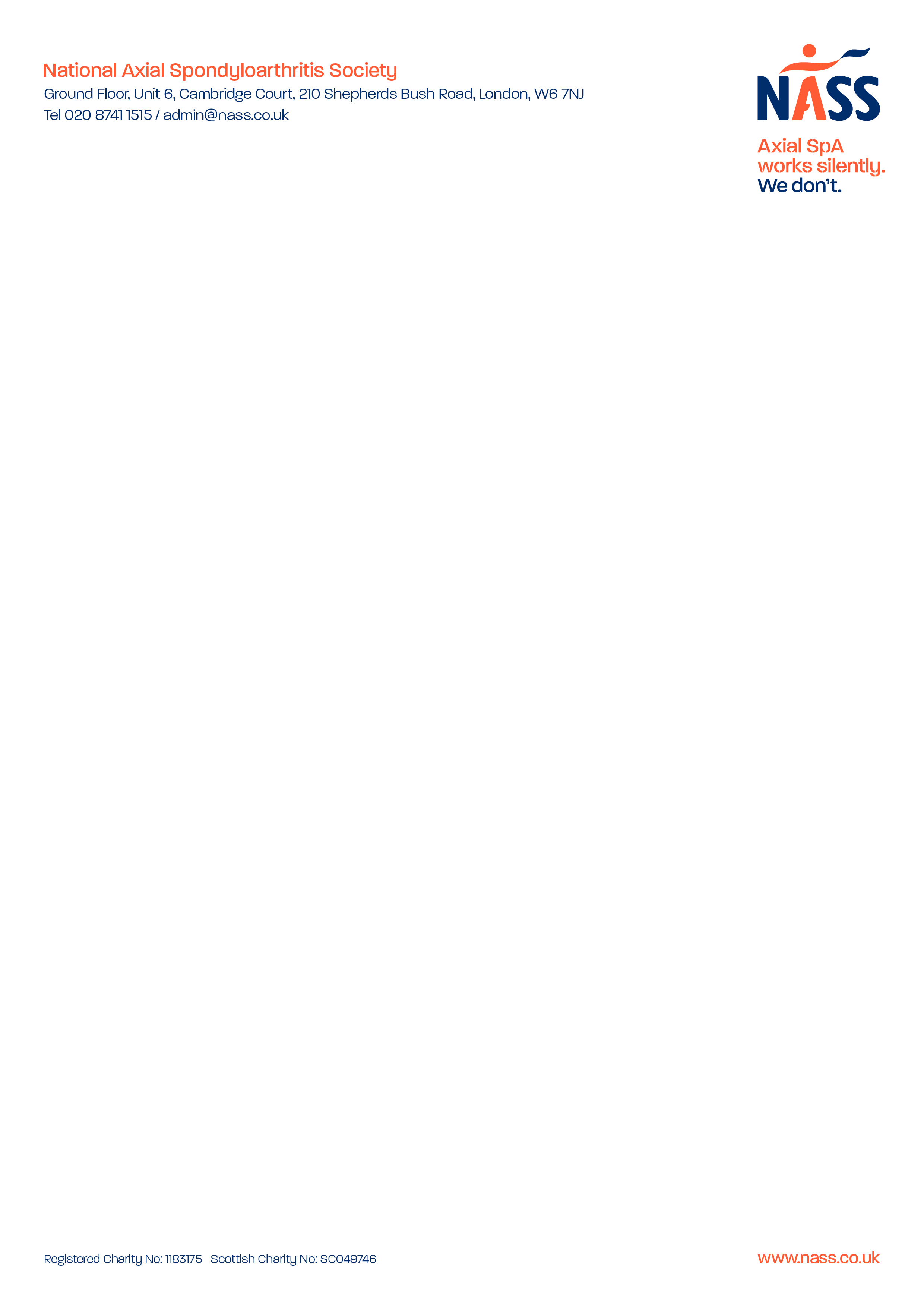
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**Application form**

**Act on Axial SpA: Champions in Primary Care**

Please submit your application to Joe Eddison Programme Manager [joeeddison@nass.co.uk](mailto:joeeddison@nass.co.uk) by 10 a.m. on 30 June. **Interviews will be held with shortlisted applicants on 28 July.**

We welcome informal enquiries so please don’t hesitate to get in touch if you have any questions.

# Please complete all sections below

Applicant name

Organisation address

Main contact name, phone number and email

**Proposal**

Your proposal will be assessed against the following criteria:

* Commitment to high quality care
* Potential to lead and influence change and build relationships
* Detailed knowledge of axial SpA
* Detailed understanding of primary/community care
* Capacity for reflective learning
* Willingness to learn from peers
* An improvement project in line with the programme’s priorities and a minimum number of hours each month to devote to it
* In an NHS role
* Supported by the leadership of the local organisation.

Please complete the following, addressing each question.

1. **What is your motivation in applying for this programme?**
2. **What is your proposed design for the programme? (4 pages max.)**
3. **Who are the team members that will be working on the programme, how will they be used and what are their background? (1 page max.)**
4. **How would you assess the value for money of our proposal? (1 page max.)**

**2. What experience do you have of working with patients with axial SpA?**

1. **What do you see as the main challenges in identifying patients with suspected axial SpA in primary care and community health services, and what could you do to address them? Please outline a project that you might undertake as part of the programme to help reduce diagnostic delay.**
2. **How will you and your organisation benefit from the programme, and what will you bring to it?**
3. **Is there any other information that you would like to add? (1 page max.)**

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

1. **Is there any other information that you would like to share that is relevant to your application?**

**Please attach your CV to this application and sign the declaration on the next page.**

**Declaration**

I will attend programme events which are likely to include 4 network meetings per year for 2 years and online coaching. I will undertake improvement projects aimed at reducing diagnostic delay. 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 programme with the relevant manager who is in full support of this application.

Signature of applicant

…………………………………………………………………………………………………

Date

…………………………………………………………………………………………………

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