

Application form
Act on Axial SpA: Champions in Primary Care

Please submit your application to Dr Dale Webb dalewebb@nass.co.uk by 10 a.m. on 4 May. **Interviews will be held with shortlisted applicants on 25 May.**

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

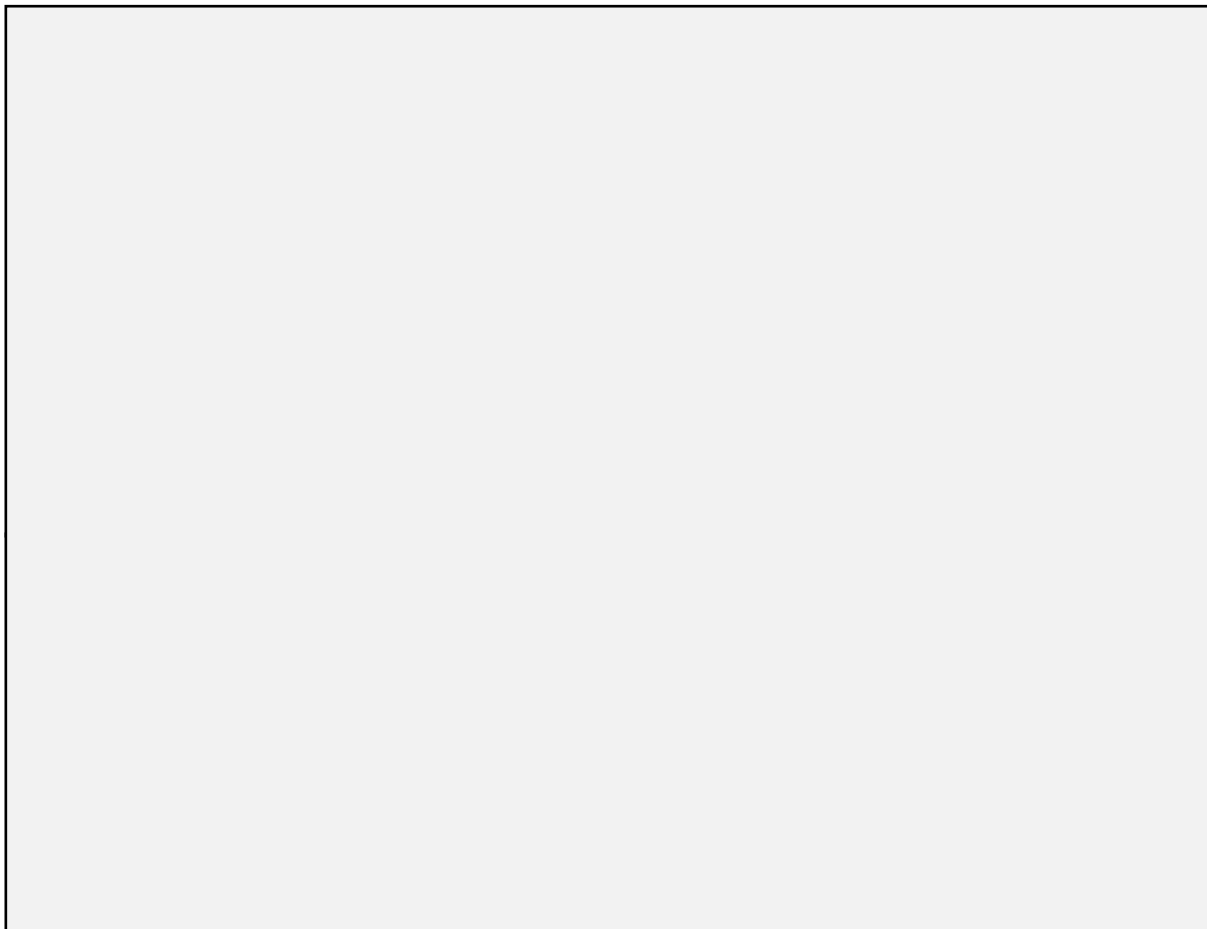
Proposal

Your proposal will be assessed against the following criteria:

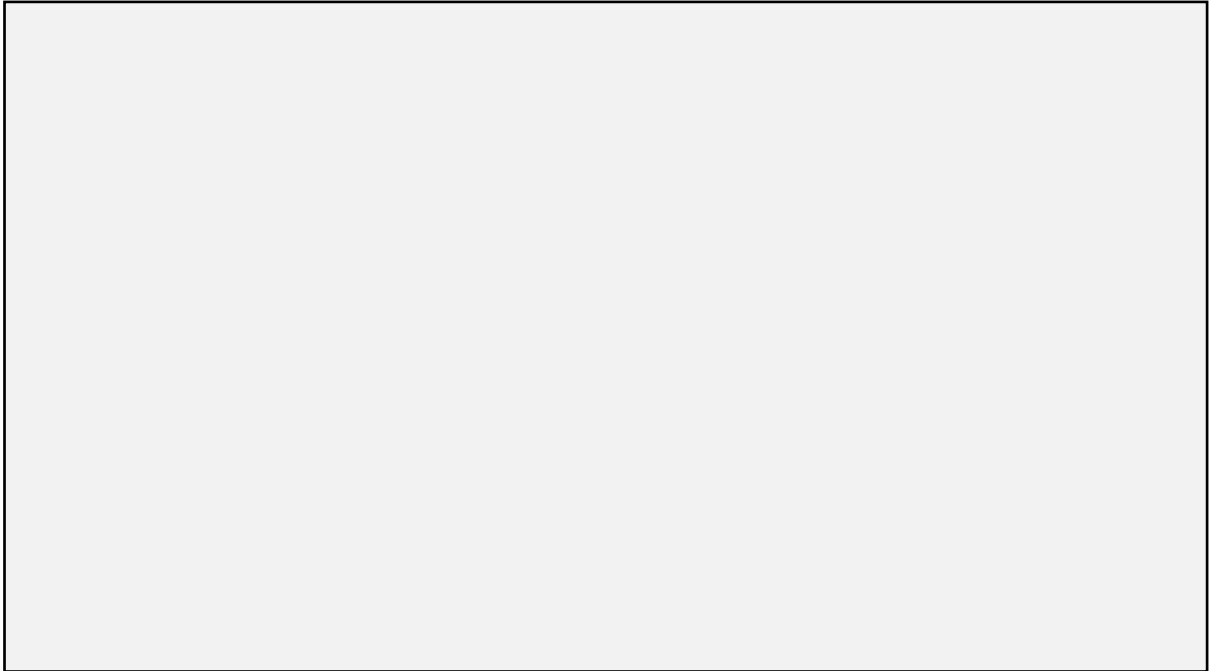
- Commitment to high quality care
- Potential to lead and influence change and build relationships
- Detailed knowledge of axial SpA
- Detailed understanding of primary/community care
- Capacity for reflective learning
- Willingness to learn from peers
- An improvement project in line with the programme's 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.

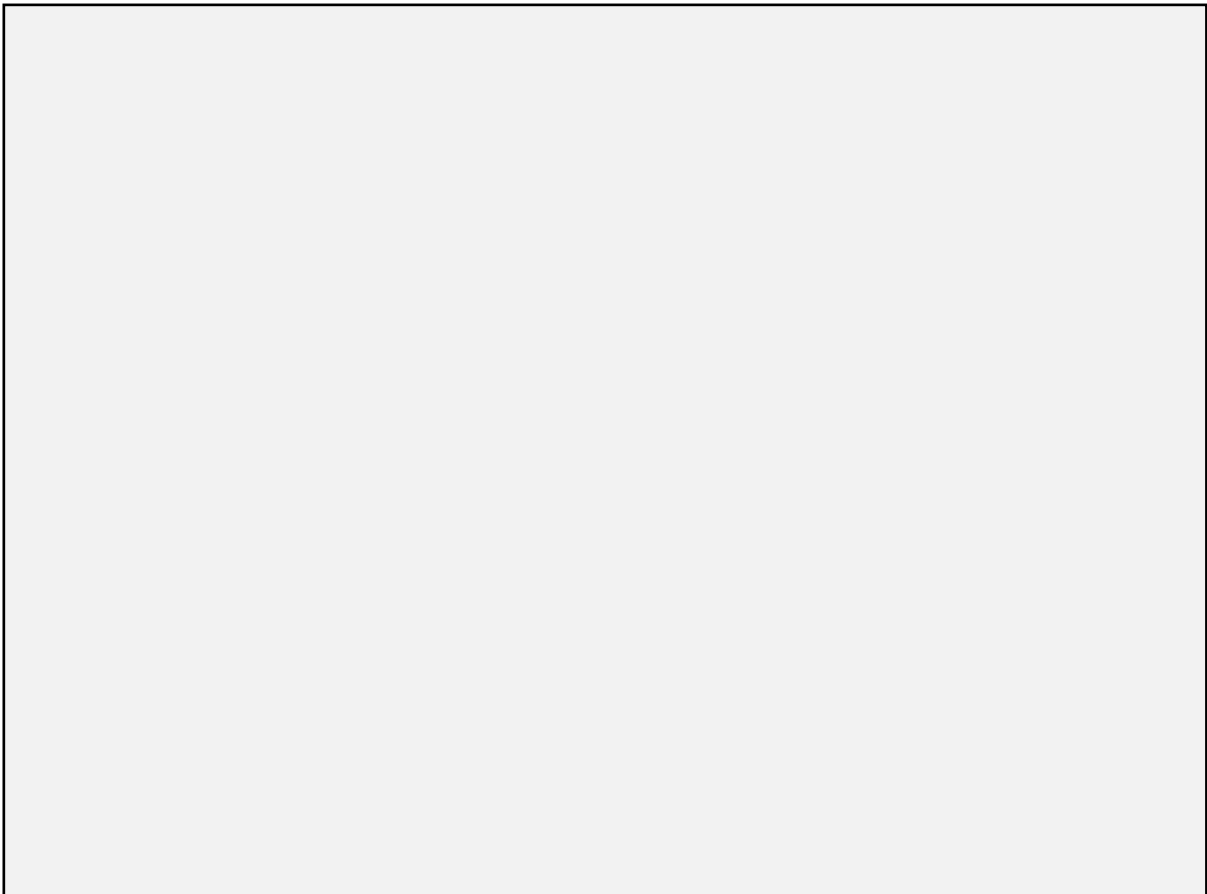
1. What is your motivation in applying for this programme?



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



3. 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.

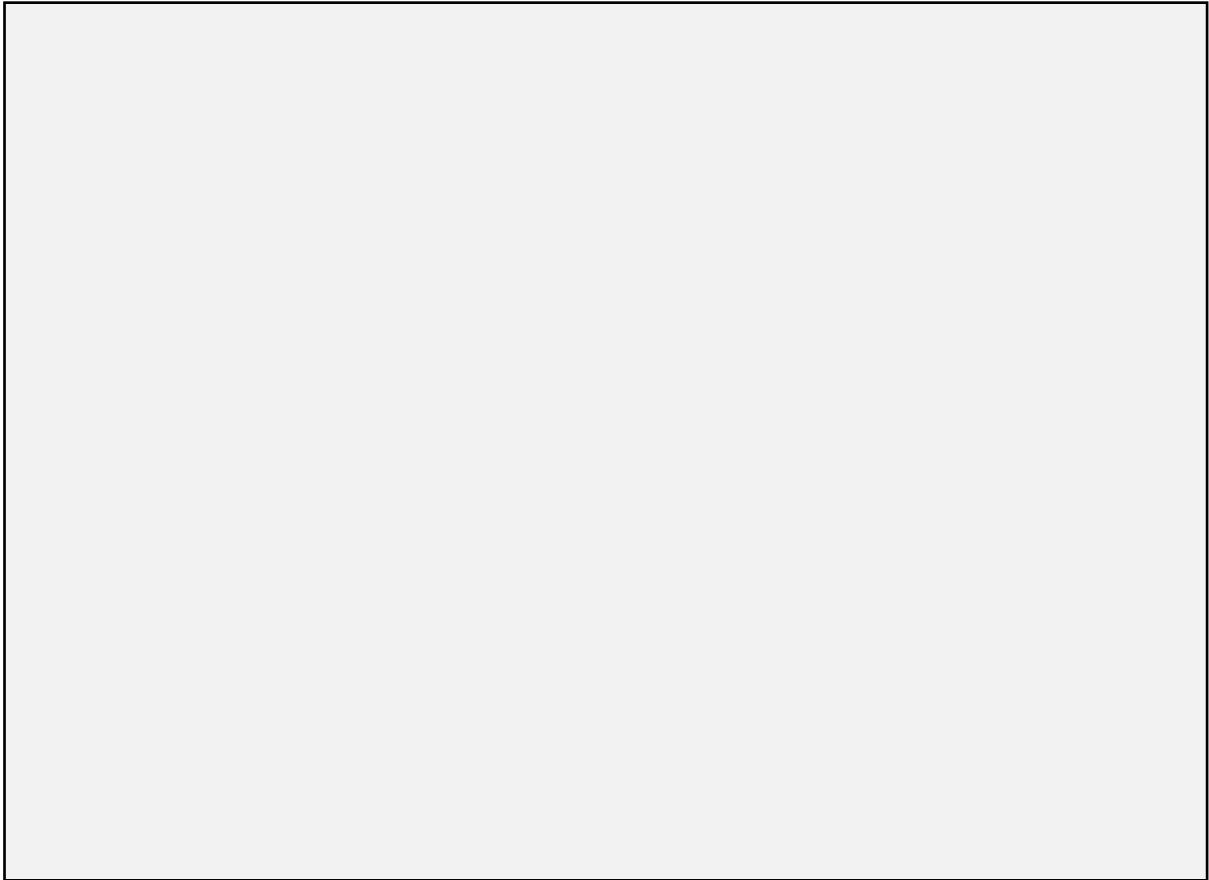


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4. How will you and your organisation benefit from the programme, and what will you bring to it?

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



Please attach your CV to this application.

Declaration

I agree to commit to attending programme events which are likely to include 4 network meetings per year for 2 years, online coaching and the undertaken of improvement projects. 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.

Please complete and sign below:

Signature of applicant

.....

Date

.....



Inspired by patients.
Driven by science.



Norfolk and Norwich
University Hospitals
NHS Foundation Trust



Royal United Hospitals Bath
NHS Foundation Trust

**act on
Axial SpA**