# South East School of Public Health

## See Change Programme

### A blue sky with no clouds Description automatically generatedAbout your project

|  |  |
| --- | --- |
| **What is the title of your proposed project?** | Click or tap here to enter text. |
| **Please describe in no more than 500 words the project your group would like to focus on.** | Click or tap here to enter text. |
| **Please describe in no more than 200 words how your project will deliver on local/system strategic priorities.** | Click or tap here to enter text. |
| **How will this project help to improve health outcomes and reduce health inequalities by taking a prevention first approach? (max 200 words)** | Click or tap here to enter text. |
| **ICB region** | Buckinghamshire, Oxfordshire and Berkshire West ICB  Frimley Health and Care ICB  Kent and Medway ICB  Hampshire and the Isle of Wight ICB  Surrey Heartlands Health and Care Partnership ICB  Sussex Health and Care Partnership ICB |
| **Please detail how your group will work together on this project and how you will manage your time to undertake this programme (max 200 words).** | Click or tap here to enter text. |

### Details of the group

#### Participant 1 (this person will be the project lead)

|  |  |  |
| --- | --- | --- |
| **Name** | Click or tap here to enter text. | |
| **Job Title** | Click or tap here to enter text. | |
| **Email address** | Click or tap here to enter text. | |
| **Organisation** | Click or tap here to enter text. | |
| **Please provide information about your level of behaviour change knowledge, including any courses or prior learning experiences you have.** | Click or tap here to enter text. | |
| **By signing up to this programme, I confirm that:** |  | I commit to attending all the sessions  I have the requisite prior knowledge, or I will engage in the pre reading required.  I will endeavour to complete any work involved between session  I have discussed the programme with my line manager and they fully support my application. |
| **Line manager name** | Click or tap here to enter text. | |
| **Line manager email** | Click or tap here to enter text. | |

#### Participant 2

|  |  |  |
| --- | --- | --- |
| **Name** | Click or tap here to enter text. | |
| **Job Title** | Click or tap here to enter text. | |
| **Email address** | Click or tap here to enter text. | |
| **Organisation** | Click or tap here to enter text. | |
| **Please provide information about your level of behaviour change knowledge, including any courses or prior learning experiences you have.** | Click or tap here to enter text. | |
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| **Line manager name** | Click or tap here to enter text. | |
| **Line manager email** | Click or tap here to enter text. | |

#### Participant 3

|  |  |  |
| --- | --- | --- |
| **Name** | Click or tap here to enter text. | |
| **Job Title** | Click or tap here to enter text. | |
| **Email address** | Click or tap here to enter text. | |
| **Organisation** | Click or tap here to enter text. | |
| **Please provide information about your level of behaviour change knowledge, including any courses or prior learning experiences you have.** | Click or tap here to enter text. | |
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| **Line manager name** | Click or tap here to enter text. | |
| **Line manager email** | Click or tap here to enter text. | |

#### Participant 4

|  |  |  |
| --- | --- | --- |
| **Name** | Click or tap here to enter text. | |
| **Job Title** | Click or tap here to enter text. | |
| **Email address** | Click or tap here to enter text. | |
| **Organisation** | Click or tap here to enter text. | |
| **Please provide information about your level of behaviour change knowledge, including any courses or prior learning experiences you have.** | Click or tap here to enter text. | |
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| **Line manager name** | Click or tap here to enter text. | |
| **Line manager email** | Click or tap here to enter text. | |

#### Participant 5

|  |  |  |
| --- | --- | --- |
| **Name** | Click or tap here to enter text. | |
| **Job Title** | Click or tap here to enter text. | |
| **Email address** | Click or tap here to enter text. | |
| **Organisation** | Click or tap here to enter text. | |
| **Please provide information about your level of behaviour change knowledge, including any courses or prior learning experiences you have.** | Click or tap here to enter text. | |
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| **Line manager name** | Click or tap here to enter text. | |
| **Line manager email** | Click or tap here to enter text. | |

### Group Application Sponsorship and Declaration

Please provide below a signed written statement of support (maximum 200 words) for the project, detailing in what ways you think they are suitable and ready for the programme. By completing this section, you are providing sponsorship to fully supporting the teams’ participation in the See Change programme.

|  |
| --- |
| Please tell us why you think the project is suitable for this programme and how this relates to your system goals and objectives. |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| I understand and agree to the terms above |  |
| Print Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

Please send completed forms to [england.publichealthschools.se@nhs.net](mailto:england.publichealthschools.se@nhs.net)