



A United Voice for Doctors, Our Patients,
& the Communities We Serve

Collaboration Council Participation Application

Name (Please Print and Sign): _____

Unit/Department: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email address: _____

Please answer the following questions:

Yes	No	
		1. Would you like to represent your institution on the System-wide Collaboration Council?
		2. Would you like to represent your facility on the Facility-based Collaboration Council?
		3. You can apply for both the System-wide and Facility-based positions. <i>Please indicate if you have a preference if applying for both positions.</i>
		3A. I prefer to be on the System-wide Council.
		3B. I prefer to be on the Facility-based Council.
		3C. I have no preference.
		4. Are you in town and available Wednesday, November 4, Thursday, November 5 and Friday, November 6 for possible training and the first meeting of the System-wide Committee?
		5. Do you feel you have influence with colleagues on your unit or in your department?
		6. Are you willing to put time into the Collaboration Council outside of regular work hours?
		7. Are you willing to participate actively on the Collaboration Council for at least 12 months?
		8. Do you feel your facility management will be supportive of the work of the Council?
		9. Have you participated in performance improvement/ quality initiatives in the past?
		10. Do you feel you can work well on a team with management to find creative solutions and find common ground where perspectives may differ?
		11. In your own words, why do you wish to be a member of the Collaboration Council? Please answer using separate sheet enclosed.
		12. What would you like to achieve through your participation in the Collaboration Council? Please answer using separate sheet enclosed.
		13. Can you recommend any of your colleagues for a position on the System-Wide or Facility-Based Collaboration Council? Please answer using separate sheet enclosed. Please list name(s) and department(s).

Please return the Collaboration Council Participation Application and the Letter of Commitment no later than **Wednesday, September 30, 2015** by:

- (1) mailing it to Doctors Council (see enclosed free postage pre-paid envelope in mailing)
- (2) fax to fax # 212-481-4137
- (3) scan and e-mail to info@doctorscouncil.org or
- (4) giving to Doctors Council staff



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Application Continued

In your own words, why do you wish to be a member of the Collaboration Council? _____

What would you like to achieve through your participation in the Collaboration Council? _____

Who do you recommend of your colleagues for a position on the System-Wide or Facility-Based Collaboration Council?

Please list name(s) and department(s).

Any other comments:

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a national affiliate of SEIU

Letter of Commitment

YES! I will be a champion of improving the quality of patient care within the HHC system and in the communities we serve.

I understand that I am committing to represent my facility in the Collaboration Council, working for at least 12 months for at least 4 hours each month. I will attend the training that is required for this responsibility. I know that I may be required to work on necessary assignments outside of regular work time and am willing to do so. I will work with my manager to cover the time I will be at the Council meetings. If I have any issues that will prevent me from actively participating I will discuss the situation with my administration and the union.

This agreement calls upon the person selected for a dedication of time, thought, energy, and positive attitude towards the viability and support of the objective of quality improvement in patient care within our organization.

I understand that my role as a Collaboration Council member is a significant responsibility and will make it a priority. I look forward to working with this Council and, together we will:

- Support the Mission, Vision, Values and Goals of HHC and Doctors Council SEIU;
- Offer expertise to help ensure the success of the goal of implementing a quality improvement strategy as part of a team at our hospital and in our system;
- Contribute to all learning opportunities and program activities; and
- Work with the Union and management where appropriate, to achieve and communicate the goals of the Council to our colleagues and work to engage the clinicians of our hospital in the art of quality improvement and patient experience.

I have read and fully agree to this Letter of Commitment and look forward to participating as a member of the Collaboration Council.

Print Name

Title

Signature

Date

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