**Letter of Intent Form**

The Knowledge Translation (KT) Challenge is designed to support teams of PHC and VCH clinicians who are responsible for moving evidence into practice. The KT Challenge is run in partnership with Providence Health Care Professional Practice, Providence Health Care Research Institute, Vancouver Coastal Health Research Institute (VCHRI) and VCH Professional Practice and is supported by funding from PHC, PHCRI and VCHRI.

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| **Team Lead Information** | | |
| Name: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| **Team Members’ Information** | | |
| Name #1: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| Name #2: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| **\*By signing above**, you agree to communicate with the organizing committee any changes to your team or your participation, to complete the online KT Challenge evaluation surveys and to encourage all your team members to complete the surveys. | | |
| **Manager Support** | | |
| By signing, I acknowledge that I have discussed this practice change with the team leader and agree to support them in this project. If this project is funded I will work with the team members to accommodate requests for scheduled time to work on this project. | | |
| Manager Name: Click here to enter text. | | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | | Signature: |
| **Agreement between Team Members and KT Challenge Organizing Committee**  If you are accepted for participation in the KT Challenge, the organizing team agrees to work with you to select a mentor for your project and provide KT skills workshops. If your project is funded, we will support you to conduct your KT project. | | |

What is your proposed practice change? In one page:

Please briefly describe the practice change you wish to implement (e.g., implement a palliative approach with all patients, conduct a medication management assessment on all patients at intake, implement the use of a validated screening test)

Briefly explain the need or impetus for this practice change.

Briefly provide an overview of the evidence-base for the practice change (i.e., the published research or evidence that shows your practice change will effectively address your need)

Click here to enter text.

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| For information or assistance in filling out this form, please contact: Aggie Black [ABlack@providencehealth.bc.ca](mailto:ABlack@providencehealth.bc.ca)) or Kerri Abramson ([kerri.abramson@vch.ca](mailto:kerri.abramson@vch.ca)) |
| Registration Deadline is Monday, October 31, 2016 at 4:00pm |
| Please submit completed registration form by email to Kerri Abramson ([kerri.abramson@vch.ca](mailto:kerri.abramson@vch.ca)) or by mail to: VCHRI, JPPN, 2665 – 910 West 10th Avenue, Vancouver, BC, V5Z 1M9 |