

## CLEAR Living Well Expression of Interest application form

Please complete the table below if you are keen to take part in the CLEAR programme. Once you have completed this form, or if you have any questions, please email [info@33n.co.uk](mailto:info@33n.co.uk) We look forward to hearing from you.

Question	Response
PCN name and ICS	
What is your approximate PCN population size?	
How many practices are there in your PCN?	
Is your PCN within one ICS?	
Contact details for ICS Executive Sponsor	Name: Email:
Contact details for PCN Clinical Director/ Clinical Sponsor	Name: Email:
Contact details for PCN managerial lead	Name: Email:
Contact details for the individual practice managers	Name: Email:  Name: Email:  Name: Email:  Name: Email:  Name: Email:

Clinical system (s) used primary care e.g., system1/EMIS/Vision or other	
What the benefits of doing a project would be for your system (200 words limit)?	
Are there any risks that may impact the successful delivery of the project (200 words limit)?	

<p>Are there similar projects that the organisation is currently or have been recently involved in? e.g. NHSEI's Population Health Management Development Programme (200 words limit)</p>	
<p>Potential dates for interviews with key stakeholders above (please list three dates and times in the w/c 25<sup>th</sup> July)</p>	