**Assessor Training Course for Vision Centre Accreditation Programme**

**17-18 May 2024, Virtual**

QAI’s Centre for Accreditation of Health and Social Care (CAHSC), accredited by the International Society for Quality in Health Care External Evaluation Association (ISQuaEEA), currently seeking interest from suitably qualified professionals who meet the eligibility criteria (stated below) to attend training course to become QAI Assessor for Vision Centre accreditation programme. The Assessors are trained and skilled in accreditation standards and assessment techniques to conduct Assessments of facilities against QAI accreditation standards and to create awareness; sensitize people and other stakeholders to work for improving healthcare quality and patient safety.

**Course details and fee:**

A two-days course shall be conducted via Virtual Platform and the participant are required to attend on all days. The training course involves presentation, interaction & exercises. There would be an evaluation of the participants which includes daily monitoring and a written test on the last day. Only successful participants would be considered for empanelment as QAI CAHSC assessors.

**Eligibility Criteria for Vision Centre Accreditation Programme:**

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| **Essential Criteria** |
| * For Doctors (Ophthalmologist)
 | * **Essential:** Post-graduation (MS/MD Ophthalmology/DNB/DO) or higher qualification with minimum of 3 years of experience in community eye health or public health.
* **Desirable:** Experience in the management of vision centres
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| * For Doctors
 | * MBBS or Bachelor’s Degree in AYUSH disciplines (Ayurveda, Yoga Naturopathy, Unani, Siddha & Homeopathy) with minimum of 5 years of experience in eye care facility, out of which 2 years of experience in the management of vision centres.
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| * For Optometrist
 | * M.Sc./B.Sc./Diploma in Optometry working in community eyecare with a minimum of 5, 7, 10 years of experience respectively, out of which 2 years of experience in the management of vision centres.
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| * For Manager/ Administrator
 | * Post-graduate in healthcare/hospital management/ administration (Degree or Diploma) with minimum of 10 years of experience in an eye care facility out of which a minimum of 3 years of experience in the management of vision centres.
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| **Desirable Criteria** |
| * Working experience in an Eye Care Facility or Vision Centre
* Training on QAI Standards/ any other accreditation standards
* Implementation experience of accreditation standards
* Computer and internet skills: Creating and editing documents, spread sheets and presentations; e-mail.
* Good health condition (physical and mental)
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| **General Competencies Required*** Team player and inter-personal skills
* Communication skills (verbal and written), including listening skills
* Willing to adapt
* Planning and organization capability
* Time management
* Analytical thinking
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**Application Fee:** A non-refundable fee of Rs. 7500 + 18% GST. (Includes the cost of QAI accreditation standards and course material)

(Only candidates selected for the training course will be asked to pay the fee)

**General Information:** All applicants may please note the following:

* Applying for Assessor Course does not guarantee selection for the training course.
* QAI CAHSC reserves the rights of selecting participants as per specific needs.
* Participants who will not be able to qualify the written test but the daily monitoring may re-sit in the written test.
* QAI CAHSC reserves the right to postpone/cancel the training in case of insufficient number of participants, logistical issues, or any other unforeseeable circumstances.
* Completion of the course does not mean automatic empanelment by QAI CAHSC

**How to apply:** Interested candidates are requested to fill the registration form given below and send to sakshi@qai.org.in along with all the following documents:

**Last Date to receive applications: 10 May 2024**

**PLEASE SEND ONLY ONE PDF FILE CONTAINING YOUR APPLICATION AS PER THE FOLLOWING:**

**Application Form and copies of:**

* **Degree/Diploma Certificate(s) of essential qualification only**
* **Relevant Training Certificate(s) only**
* **Registration Certificate(s) (where applicable)**
* **Photo ID proof (Passport/ Aadhar Card/ Driving License/ Voter ID)**

**APPLICATION FORM TO APPLY FOR ASSESSOR TRAINING**

**SECTION A (Personal Details)**

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| 1. **Name** (please use block letters)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 | Paste Photo |
| 1. **Date of Birth** (dd/mm/yyyy)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| 1. **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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1. **Present position/appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Workplace address:**

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1. **Residential address:**

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1. **Mobile-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Residence | Work |

1. **Preferred address for correspondence** (please tick)
2. **Educational Qualifications** (starting from essential qualification)**:**

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| --- | --- | --- | --- | --- | --- |
| **Year** | **Degree/Diploma** | **Institution** | **Major or Specialization** | **Registration body with number, if applicable** | **Validity of registration** |
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1. **List any significant training courses** (other assessor/auditor courses attended)**:**

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| **Year** | **Training Course** | **Institution/Organization** | **Subject/ Area** |
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1. **Professional Experience (Describe all formal positions held starting with the current position):**

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| **Sl. No.** | **Date (from - to)** | **Employer** | **Position** | **Key Responsibilities** |
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1. **Other relevant experience and achievements including contributions related to your field (e.g. membership of professional societies; experience as a trainer in the area of accreditation; awards etc.):
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2. **Computer skills** (MS Office, Internet, Email etc.)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Language skills** (Especially specify your native language and classify languages in following categorisation): (please write the languages against the level of proficiency)

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| **Level of proficiency** | **Language** |
| Conversant  |  |
| Proficient |  |

**SECTION B (Statement of Purpose)**

1. **Please set out below (no more than 100 words)**What motivates you to become a QAI assessor.

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1. **Please set out below (no more than 100 words)**Please describe briefly the particular skills you have to become an assessor in QAI.

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**SECTION C (Reference)**

Please list below a reference(A professional who has a working relationship, preferably as a senior, with the applicant for at least six months)

Name- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Mobile- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail ID- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Briefly indicate how you know the referee- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION D (Self Statement & Declaration)**

I, the applicant, have read the expected competencies and requirements of QAI CAHSC Assessor and I am able to comply if selected as an Assessor. Further,

* I hereby certify that all of the information that I have provided in this application is true and accurate to the best of my knowledge, information and belief.
* I understand that QAI has the right to refuse or decline my application without assigning any reasons for the same.
* I shall be responsible for ensuring that the necessary approvals (where applicable) are obtained for participating in the assessor training programme (if selected for the same) and conducting assessments thereafter.
* I understand that QAI CAHSC may contact the reference mentioned above for more information.

Signature of applicant- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**