

# Improving Practice Questionnaire (IPQ) Application Form

Please complete in BLOCK CAPITALS

Step 1 Fill in your details	Step 2 The Options	Step 3 Participants	Step 4 Price Guide
<b>Practice manager or contact name:</b>	(Dr/Mr/Mrs/Ms/Miss)		
<b>Practice name:</b>			
<b>Address:</b>			<b>Post Code:</b>
<b>Direct contact tel no:</b>		<b>E-mail address:</b>	
<b>Patient list size:</b>		<b>Name of host:</b> eg: PCT	
We may contact you from time to time to keep you up to date with products and services that we feel may be of interest to you. If you would like us not to retain your e-mail address for this purpose, please tick here <input type="checkbox"/>			

Step 1 Fill in your details	Step 2 The Options	Step 3 Participants	Step 4 Price Guide																																																									
<b>Option 1: IPQ at practice level</b> An overall report of your practice and healthcare professionals. <b>For every 1,000 patients, 25 completed questionnaires are needed.</b> Please note that a minimum of 40 completed questionnaires are necessary to ensure statistical validity. To meet these requirements <b>we send out a minimum of 65 questionnaires</b> , even for practices with small list sizes. <b>FOR OPTION 1, PLEASE COMPLETE THE FOLLOWING DETAILS:</b> <input type="checkbox"/> I would like to participate in the IPQ at <b>PRACTICE LEVEL</b> only. I would like to receive my survey pack on [date]:----- (Allow 10 working days for delivery)			<table border="1"> <thead> <tr> <th colspan="3">Practice Level Price Guide</th> </tr> <tr> <th>Patient List Size</th> <th>Net</th> <th>Questionnaires sent</th> </tr> </thead> <tbody> <tr><td>0 - 2000</td><td>£93</td><td>65</td></tr> <tr><td>2001 - 3000</td><td>£143</td><td>100</td></tr> <tr><td>3001 - 4000</td><td>£191</td><td>130</td></tr> <tr><td>4001 - 5000</td><td>£212</td><td>180</td></tr> <tr><td>5001 - 6000</td><td>£234</td><td>210</td></tr> <tr><td>6001 - 7000</td><td>£255</td><td>240</td></tr> <tr><td>7001 - 8000</td><td>£276</td><td>265</td></tr> <tr><td>8001 - 9000</td><td>£286</td><td>305</td></tr> <tr><td>9001 - 10000</td><td>£296</td><td>325</td></tr> <tr><td>10001 - 11000</td><td>£305</td><td>360</td></tr> <tr><td>11001 - 12000</td><td>£316</td><td>370</td></tr> <tr><td>12001 - 13000</td><td>£338</td><td>425</td></tr> <tr><td>13001 - 14000</td><td>£360</td><td>465</td></tr> <tr><td>14001 - 15000</td><td>£380</td><td>510</td></tr> <tr><td>15001 - 16000</td><td>£394</td><td>530</td></tr> <tr><td>16001 - 17000</td><td>£400</td><td>560</td></tr> <tr><td>17001 - 18000</td><td>£421</td><td>585</td></tr> </tbody> </table>	Practice Level Price Guide			Patient List Size	Net	Questionnaires sent	0 - 2000	£93	65	2001 - 3000	£143	100	3001 - 4000	£191	130	4001 - 5000	£212	180	5001 - 6000	£234	210	6001 - 7000	£255	240	7001 - 8000	£276	265	8001 - 9000	£286	305	9001 - 10000	£296	325	10001 - 11000	£305	360	11001 - 12000	£316	370	12001 - 13000	£338	425	13001 - 14000	£360	465	14001 - 15000	£380	510	15001 - 16000	£394	530	16001 - 17000	£400	560	17001 - 18000	£421	585
Practice Level Price Guide																																																												
Patient List Size	Net	Questionnaires sent																																																										
0 - 2000	£93	65																																																										
2001 - 3000	£143	100																																																										
3001 - 4000	£191	130																																																										
4001 - 5000	£212	180																																																										
5001 - 6000	£234	210																																																										
6001 - 7000	£255	240																																																										
7001 - 8000	£276	265																																																										
8001 - 9000	£286	305																																																										
9001 - 10000	£296	325																																																										
10001 - 11000	£305	360																																																										
11001 - 12000	£316	370																																																										
12001 - 13000	£338	425																																																										
13001 - 14000	£360	465																																																										
14001 - 15000	£380	510																																																										
15001 - 16000	£394	530																																																										
16001 - 17000	£400	560																																																										
17001 - 18000	£421	585																																																										
You will receive an electronic copy of the report. You can receive a bound copy for £15 + VAT. Please tick box <input type="checkbox"/>																																																												
<b>Customised practice results poster</b> Share your results with patients <input type="checkbox"/> <b>A2, full colour poster</b> (£40 + VAT) <input type="checkbox"/> <b>A4, electronic poster</b> delivered via e-mail (£25 + VAT)																																																												
<input type="checkbox"/> We have developed a <b>Telephone Consultation Questionnaire</b> which may be of interest to clinicians in General-Practice. Please tick if you would like to receive more information																																																												
<b>Please go to Step 4</b>																																																												



For more information or guidance on any aspect of the questionnaire, please contact **01392 252740** or e-mail **enquiries@cfep.co.uk**

**Option 2: IPQ with individual results for each clinician**

Reports for each individual clinician and an overall, report of the practice.  
An all-inclusive cost of £93 + VAT per participating clinician.

We will send **40 questionnaires** for each participating clinician.

**FOR OPTION 2, PLEASE COMPLETE THE FOLLOWING DETAILS:**

Each clinician will receive an electronic copy of the report.  
You can receive a bound copy for £15+ VAT per clinician.  
Please tick box

We would like to participate in the IPQ at **INDIVIDUAL LEVEL**.  
We would like to receive our survey pack on  
[date]: \_\_\_\_\_  
(Allow 10 working days for delivery)

**Customised practice results poster**  
Share your results with patients  
 **A2, full colour poster** (£40 + VAT)  
 **A4, electronic poster** via e-mail (£25 + VAT)

**NB: Please indicate in the "Participants" section (Step 3) which clinician(s) you would like to participate in the IPQ at individual level.**

**Option 3: IPQ + CFET = 360° feedback (MSF)**

Our **Colleague Feedback Evaluation Tool (CFET)** (in conjunction with the IPQ at individual level) for 360° feedback.

**CFEP 360° OFFER:**  
Only an additional £55 + VAT for each participating clinician when you order CFET in conjunction with the IPQ at individual level.  
This price offer is valid only when CFET is ordered at the same time in conjunction with the IPQ.  
Normal price: £69 (+VAT)

**Once we have these details, we will provide you with a CFEP 360° Application Form for each clinician to complete.**

- Each clinician will need to nominate a supporting medical colleague to act as their facilitator.
- Each clinician will need to provide details of 15 colleagues who are happy to complete a CFET questionnaire about the clinician. (Full instructions for completion will be provided.)
- Each clinician will need to complete a self assessment questionnaire.
- We will run the CFET survey and then send a report to the clinician to review with their nominated facilitator.

Please tick Option 3 box below if practitioners would like to participate in the CFEP 360° in conjunction with the IPQ at **INDIVIDUAL LEVEL**.

**NB: Please indicate in the "Participants" section (Step 3) which clinician(s) you would like to participate in the CFEP 360° survey.**

Please provide below the name and occupation of each clinician to be surveyed. Please indicate if the clinician will be surveyed at patient level only (Option 2) or patient and colleague level (Option 3).

**General Practitioners**

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner     Salaried doctor     OOH doctor     Locum    Are you:  Full time  
 Prison doctor     Military doctor     Registrar     Other \_\_\_\_\_  Part time

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner     Salaried doctor     OOH doctor     Locum    Are you:  Full time  
 Prison doctor     Military doctor     Registrar     Other \_\_\_\_\_  Part time

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner  Salaried doctor  OOH doctor  Locum  Prison doctor  Military doctor  Registrar  Other \_\_\_\_\_

Are you:  Full time  Part time

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner  Salaried doctor  OOH doctor  Locum  Prison doctor  Military doctor  Registrar  Other \_\_\_\_\_

Are you:  Full time  Part time

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner  Salaried doctor  OOH doctor  Locum  Prison doctor  Military doctor  Registrar  Other \_\_\_\_\_

Are you:  Full time  Part time

**General Practitioner** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°**

Please select from the options below which best suits their occupation

Partner  Salaried doctor  OOH doctor  Locum  Prison doctor  Military doctor  Registrar  Other \_\_\_\_\_

Are you:  Full time  Part time

**Nursing, Midwifery and Allied Health Professionals**

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360° (Nurses & Nurse Practitioners only)**

Please select from the options below which best suits their occupation

Nurse  Nurse Practitioner  Health Care Assistant  Midwife  Phlebotomist  Other \_\_\_\_\_

Are you:  Full time  Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360° (Nurses & Nurse Practitioners only)**

Please select from the options below which best suits their occupation

Nurse  Nurse Practitioner  Health Care Assistant  Midwife  Phlebotomist  Other \_\_\_\_\_

Are you:  Full time  Part time

If you require additional practitioners to be surveyed, please print extra copies of this page.

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°** (Nurses & Nurse Practitioners only)

Please select from the options below which best suits their occupation

Nurse       Nurse Practitioner     Health Care Assistant     Midwife      Are you:  Full time  
 Phlebotomist     Other \_\_\_\_\_       Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°** (Nurses & Nurse Practitioners only)

Please select from the options below which best suits their occupation

Nurse       Nurse Practitioner     Health Care Assistant     Midwife      Are you:  Full time  
 Phlebotomist     Other \_\_\_\_\_       Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

**Option 2 - IPQ individual level** OR  **Option 3 - IPQ + CFET = CFEP 360°** (Nurses & Nurse Practitioners only)

Please select from the options below which best suits their occupation

Nurse       Nurse Practitioner     Health Care Assistant     Midwife      Are you:  Full time  
 Phlebotomist     Other \_\_\_\_\_       Part time

Please use the Price Calculator (to the right) to total your survey requirements.

Survey price includes:      complete survey pack  
   electronic feedback report  
   supporting materials

- 1) Please enter the cost of the option you require from Step 2
- 2) Please add any additional extras, eg: bound report format, A2 poster
- 3) Add these together
- 4) Add VAT
- 5) Calculate the total

NB: Questionnaires cannot be photocopied. The number of questionnaires sent should be sufficient to provide adequate returns. However, if further questionnaires are needed after the survey is returned, they will be charged at £10 + VAT per batch of 20.

I confirm that I have read and accept the terms and conditions of the service provided by CFEP UK Surveys (see [www.cfep.co.uk](http://www.cfep.co.uk) or contact us for a printed version).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Price calculator	
"The Options"	
Option 1 (Practice level)	£ <input style="width: 50px;" type="text"/>
Option 2 (Individual level)	£ <input style="width: 50px;" type="text"/>
Option 3 (IPQ+CFET=CFEP 360°)	£ <input style="width: 50px;" type="text"/>
<i>Optional extras</i>	
Bound report format: add <b>£15 per report</b>	£ <input style="width: 50px;" type="text"/>
Posters:    A2 poster add <b>£40</b>	£ <input style="width: 50px;" type="text"/>
A4 electronic add <b>£25</b>	
Subtotal	£ <input style="width: 50px;" type="text"/>
Please add VAT	£ <input style="width: 50px;" type="text"/>
<b>Total</b>	£ <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Please tick here if you would like a VAT receipt	

- 1. Complete this form, post / fax it to us and call our Accounts Department on 01392 286926 with your credit or debit card details.**
- 2. Complete this form and post to us with payment.** (cheques should be made payable to 'CFEP UK Surveys')

**Our address:**  
**CFEP UK Surveys**  
**PO Box 51**  
**Exeter**  
**EX4 4WT**