

ENSH – Global Network for Tobacco Free Healthcare Services ENSH – 無菸醫院（健康照護機構）全球網絡聯盟

Application for Membership （入會申請表） ***Letter of Intent - Organization Applicant***

This Letter of Intent, signed by management, is a declaration that the applicant organization will contribute to and promote the ENSH concepts, standards and work related to the implementation of the Tobacco Free code and standards as defined by ENSH and share information and experiences within their region or country and the ENSH Network generally.

此份申請表應由醫院管理者簽署，申請機構承諾願意推動ENSH的無菸醫院理念，並依循ENSH制定之無菸醫院標準條文與相關無菸規範，且同意分享推動無菸醫院之經驗於網絡內之其他會員國家。

Mission of ENSH: To develop a common strategy, amongst European and International healthcare services active in the prevention and cessation of tobacco in all its forms.

ENSH的任務：發展原則性的策略，在歐洲及國際上的健康服務機構內執行戒菸服務與菸害預防。

By joining ENSH the International Network commits to:

加入ENSH網絡我們將承諾給予下列協助

- To support members in the development and growth of a national or regional tobacco free network and the implementation of the ENSH aims, standards and policy within their healthcare services.
協助會員發展無菸醫院網絡事務，並在健康照護機構中落實ENSH目標、標準及政策。
- To provide members with access via a variety of means to accurate evidence-based information and opportunities for sharing of information and the exchange of experiences
提供會員多樣化的實證資訊，及分享資料與經驗交流的機會。
- To involve, promote and recruit members to collaborate and participate in projects and activities with other partners within the international field of tobacco prevention and cessation.
推廣、招募會員加入此計畫，以利合作與參與國際性夥伴之間的菸害預防與戒菸活動。

Membership Criteria: The applicant organization is applying to join ENSH as an *individual organization* and is committed to implementing the aims of ENSH and will work to promote the development of a national or regional tobacco free network at a later time.

會員資格條件：欲申請加入ENSH會員必須是一個獨立的組織，並願意承諾推動ENSH宗旨及促進全國性（或區域性）之無菸網絡發展。

By joining ENSH the applicant becomes an **associate ENSH member** and commits to:

通過會員申請後，機構將協助配合下列事項：

- 1) Actively participate and contribute to ENSH networking actions and meetings, complete and return requested documentation and to freely exchange and share information within the ENSH network. 積極參與、貢獻於ENSH網絡活動及會議，完成並回報所需之相關文件，並與會員交換分享資訊。
- 2) Return a completed ENSH Self Audit Questionnaire and develop a plan with specific actions for the implementation of the ENSH Standards within the organisation. 完成ENSH自評表以及年度計劃書之填寫，並於機構內推動ENSH標準條文。
- 3) Provide an annual summary report on achievements and actions in progress prior to ENSH Annual General Meetings and repeat self audit questionnaire frequently. 每年提供摘要報告給ENSH年度會議，並定期完成自我檢核表。
- 4) Advocate for and support work directed at the establishment of a national or regional tobacco free network to implement the ENSH aims, standards and policy within the region or country. 倡導並支持建立國家或地區之無菸網絡，並落實ENSH之目標、標準和政策。

Signatures

The Letter of Intent shall be signed by the Hospital / Healthcare Management and sent to the ENSH Coordinating Centre:

Name of hospital/healthcare in English (*please type*): 請填寫機構英文全銜名稱

Name in local language (*please type*): 請填寫機構中文全銜名稱

Address (*please type*): 請填寫機構地址 (英文)

Street: 街、段、巷、號等

Zip Code: 郵遞區號

City: 城市

State /Region: 區域名稱 (例如: 信義區、中正區)

Country: 國家

Phone (+ Int. Code): 電話號碼 +國碼 區碼 號碼

Fax: (+ Int. Code): 傳真 +國碼 區碼 號碼

Website: 機構網址

Local hospital/healthcare contact (*please type*): 機構聯絡人 (第一聯絡人)

Name and title: 姓名與單位職稱

Phone (+ Int. Code): 電話號碼 +國碼 區碼 號碼

Fax (+ Int. Code): 傳真號碼 +國碼 區碼 號碼

E-mail: 電子郵件信箱

Deputy local hospital/healthcare contact (*please type*): 機構聯絡人(第二聯絡人)

Name and title: 姓名與單位職稱

Phone (+ Int. Code): 電話號碼 +國碼 區碼 號碼

Fax (+ Int. Code): 傳真 +國碼 區碼 號碼

E-mail: 電子郵件信箱

Hospital / Healthcare Management

Date & Signature: (機構負責人簽名、日期)

ENSH Coordinating Centre (網絡代表人簽名, 醫院請勿填寫)

Date & Signature

Enclose with Signed Letter of Intent the following documentation:

- a) Completed Self Audit Questionnaire Online
- b) Implementation plan with specific actions.