



Letter of Intent

This Letter of Intent, signed by management, is a declaration that the member hospital or health service will abide by the HPH Constitution of the International Network of Health Promoting Hospitals and Health Services (HPH) and implement health promoting activities according to the HPH Constitution and the strategies and policies as defined in the WHO documents below.

By joining the International HPH Network the hospital/health service commits itself to:

- Endorse the principles of WHO documents and declarations on HPH; i.e. Ottawa Charter, Budapest and Vienna declarations and intend to implement the principles, strategies and policies of HPH; using WHO HP Standards and/or corresponding national HPH standards/indicators;
- Develop a written policy for health promotion and support the implementation of a smoke free hospital / health service as key action area;
- Develop and evaluate a HPH action plan to support the introduction of health promotion into the culture of the hospital / health service during the four years period of designation;
- Pay the annual contribution fee for the coordination of the International HPH Network;
- Identify a hospital coordinator / health service coordinator for the coordination of HPH development and activity;
- Share information and experiences on national and international level, i.e. HPH development, models of good practice (projects) and the implementation of standards/indicators;
- Control the hospital / health service information online at <http://www.healthpromotinghospitals.org/> and update the data periodically upon request.

Additional National / Regional membership criteria, if applicable:

The Letter of Intent shall come into force on the date of signature, and will run for a period of four (4) years from that date.



Hospital/Health Service Information

Name of hospital in English *(please type):*

Name of health service in English *(please type):*

Name in local language *(please type):*

Address *(please type):*

Street:

Zip Code:

City:

State:

Country:

Phone:

Fax:

Website:

Chief Executive Officer of hospital/health service *(please type):*

Name and title:

Phone:

Fax:

E-mail:

HPH coordinator of hospital/health service *(please type):*

Name:

Position:

Phone:

Fax:

E-mail:

Name of national/regional HPH Network coordinator *(please type):*

Name and title:

Phone:

Fax:

E-mail:

Name of Network *(please type):*



Signatures

The Letter of Intent shall be signed by the Hospital / Health Service Management and the National / Regional HPH Network Coordinator, who will send it to the International HPH Secretariat:

Hospital / Health Service Management

Date & Signature: _____

Name of National / Regional HPH Network Coordinator

Date & Signature: _____

NOTE: If no National / Regional HPH Network exists, please send this letter to the International HPH Secretariat for signature:

Date & Signature

Hanne Tønnesen, Director of the International HPH Secretariat

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