



## How to join the International HPH Network?

*To join the International Network of Health Promoting Hospitals and Health Services, here is what you do.*

### HPH Contact

Any hospital or health service wishing to join the HPH Network or simply to find out more, should contact their National/Regional HPH Coordinator. If there is no such coordinator in your country/region, you should contact the International HPH Secretariat:

The International HPH Secretariat  
WHO Collaborating Centre  
Frederiksberg/Bispebjerg University  
Hospital  
Nordre Fasanvej 57,  
Building 14, Entrance 5.2  
DK-2000 Frederiksberg - DENMARK  
Phone: +45 3816 3849/3847  
Fax: +45 3816 3839  
Email: [info@whocc.dk](mailto:info@whocc.dk)

### The HPH Letter of Intent

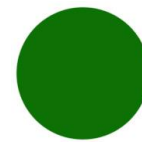
To join HPH or renew HPH membership, the Letter of Intent must be filled out. This Letter of Intent can be found and filled out on the following pages. You are also welcome to use the Online Letter of Intent, which you will find in the toolbox on our website [www.hphnet.org](http://www.hphnet.org) – go to Tools, Toolbox choose HPH Letter of Intent Online and just follow the guide.

### New HPH Members

Any new institution applying for membership must fill out and submit the HPH Letter of Intent. This letter affirms the commitment of your hospital or health service to abide by the HPH Constitution and aim to implement health-promoting activities, strategies and policies.

### Renewing HPH Members

All HPH Members must renew their membership every 4 years by filling out this document again. This re-affirms the commitment to HPH and also it allows the Secretariat to note any changes in staff, contact details etc.



## Letter of Intent

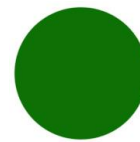
This Letter of Intent, signed by management, is a declaration that the member hospital or health service will abide by the HPH Constitution of the International Network of Health Promoting Hospitals and Health Services (HPH) and implement health promoting activities according to the HPH Constitution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

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**New Member**

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**Renewing Member**

**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 (if applicable), who will send it to the International HPH Secretariat:**

Hospital / Health Service Management

Date & Signature: \_\_\_\_\_

Name of National / Regional HPH Network Coordinator

Date & Signature: \_\_\_\_\_

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

**Date & Signature**

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Prof. Hanne Tønnesen, Director of the International HPH Secretariat

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Email: [info@whocc.dk](mailto:info@whocc.dk)