**Leadership for Empowered and Healthy Communities Programme 2018 Application Form**

This application form helps us check your suitability for the **Leadership for Empowered and Healthy Communities Programme**. Please complete all sections below and return the completed application form to Jan Smith at [lehc.tvwla@hee.nhs.uk](mailto:lehc.tvwla@hee.nhs.uk) as soon as possible but not later than 6 September 2018

**Please note that the following criteria will be used for selection:**

* alignment of personal objectives for the programme to programme objectives
* demonstration of commitment to personal leadership development
* freedom to act and implement learning from the programme in current role
* ability to attend all the face-to-face and virtual workshop dates (see **page 3** for the list)
* acceptance of the cancellation policy (see **page 4** for details)

Selection will be carried out by a virtual panel. We will then get in touch with you to advise if you have been successfully accepted onto the programme, you will be notified of the outcome as soon as possible after the closing date.

Please answer all the questions below in typed format and feel free to expand the form as required to suit your answers.

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| **SECTION 1: ABOUT YOU** |

1. Please tell us who you are

|  |  |
| --- | --- |
| Name |  |
| Title (Mr, Ms, Dr etc) |  |
| Role |  |
| Employer/Practice |  |
| Address for correspondence *(please indicate if work/home)* |  |
| Postcode |  |
| Work Mobile |  |
| Work Telephone |  |
| Work Email |  |

*NB if your application is successful the above contact information will be shared with your programme colleagues, facilitators  
and with programme partners to enable invitations to related events.*

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| **SECTION 2: BIOGRAPHICAL INFORMATION** |

1. Job role information

|  |  |
| --- | --- |
| Current role start date |  |
| Previous role title and length of service |  |

1. Supporting information

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| --- |
| **Please outline below why you wish to undertake this programme, identifying any specific outcomes you wish to achieve for you personally, for your employer and for the people and communities you support.** |
|  |
| **Please outline relevant continuing professional development (CPD) you have undertaken in the last 3 years?** |
|  |
| **Please outline how you intend to implement what you will learn** |
|  |

1. Specific Requirements

|  |  |
| --- | --- |
| Dietary Requirements: |  |
| Access or learning requirements: |  |

1. Applicant’s commitment

I confirm that I would like to apply for the Leadership for Empowered and Healthy Communities Programme and that I am able to attend all the face to face and virtual modules as listed below. I agree to the terms and conditions and the penalty fees for non-attendance of any part of the programme as detailed in section 3 below.

**Face to Face - All of these sessions will take place in London 9.30-5.00pm on all days**

Workshop 1 – Thursday, 27 September 2018 at Coin Street, London

Workshop 3 – Thursday, 24 January 2019 at Coin Street, London

Workshop 4 – Thursday, 28 February 2019 at Coin Street, London

Workshop 5 –Thursday, 28 March 2019 at Coin Street, London

**Face to Face – There will be one 24-hour residential event that will take place outside of London**

Workshop 2 – Wednesday to Thursday, 28 & 29 November2018, Residential event at Burleigh Court, Loughborough

**Plus, virtual seminars/action learning sets on the afternoons of:**

Webinar 1 : Wednesday, 31 October 2018

Webinar 2 : Wednesday, 6 February 2019

Webinar 3 : Thursday, 25 April 2019

**Signed Date**

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Support for attendance

To ensure you have the full support of your employer/organisation to attend this programme and to embed and share the learning please provide details of a senior person here (if applicable).

I confirm that the applicant above has my support in attending the Leadership for Empowered and Healthy Communities Programme and will be able to attend all the face-to-face and virtual modules as listed below. I agree to the terms and conditions and the penalty fees for non-attendance of any part of the programme as detailed in section 3 below.

**Signed Date**

...................................................... ..................................................

Name

Position

|  |
| --- |
| **SECTION 3: ENROLMENT AND TERMS & CONDITIONS** |

I would like to enrol for the **Leadership for Empowered and Healthy Communities Programme** commencing 27 September 2018. Pending successful acceptance of my application, I agree for the nominated person below to be invoiced and I agree to the **cancellation terms and conditions** outlined below.

**I agree to the programme fee of £650 plus VAT**

Contact details for invoicing

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Department/Service Area |  |
| Organisation |  |
| Postal Address |  |
| Postcode |  |
| Work Telephone |  |
| Work Email |  |

Programme Fees: All fees must be paid in full before the start of the programme. Fees cover refreshments, meals and course materials but do not include travel to or from the programme venue, or accommodation if you choose to travel overnight.

Cancellation and Transfer Fees: All nominations must relate to the individual applicant. Once your place is confirmed to you, the following terms and conditions apply:

|  |  |
| --- | --- |
| More than 30 days notice: | No charge will be applied |
| Less than 30 days notice: | **A cancellation charge of 50% of the programme cost will be applied** |
| No show/non-attendance for all or part of the programme: | **A penalty charge of £2000 plus VAT will be applied** |

**Personal Data:** Please note: that we will share application forms, in line with information governance guidelines, with the programme directors to allow them to understand participant thinking and adapt the programme accordingly if required.

If you are successful and accept your place on this programme we will share your contact details with other participants on the programme, and with other cohorts of the programme if this is required i.e. to build a network.  We will also invite you to participate in post-programme impact evaluations and invite you to alumni events and other future opportunities.

Thames Valley and Wessex NHS staff may be entitled to a bursary – please contact us for more details   
e-mail: [lehc.tvwla@hee.nhs.uk](mailto:lehc.tvwla@hee.nhs.uk)