**Leadership for Empowered Communities and Personalised Care 2019 Application Form**

This application form helps us check your suitability for the Leadership for Empowered Communities and Personalised Care (LECPC) Programme.

Please complete all sections below and return the completed application form to Kristi Adams at hello@lecpc.co.uk as soon as possible and **not later than 6 September 2019.**

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
* demonstration of commitment to meeting the challenge of making personalised care a reality
* 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 pages 3 & 4for details)

Selection will be carried out by a virtual panel. We will contact you to advise if you have been successfully accepted onto the programme as soon as possible after the closing date (above).

Please answer all the questions below in typed format. Feel free to expand the form to suit your answers.

 **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 (this is the email we will contact you on throughout the programme, if you are successful)  |   |

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.

**SECTION 2:  BIOGRAPHICAL INFORMATION**

* 1. **Job role information**

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

1. **Supporting information**

|  |
| --- |
| **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 three years?**  |
|           |
| **Please outline how you intend to implement what you will learn**  |
|             |

1. **Specific Requirements**

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

**SECTION 3: YOUR COMMITTMENT**

1. **Dates**

I confirm that I would like to apply for the Leadership for Empowered Communities and Personalised Care Programme and that I am able to attend all the face to face and virtual modules (webinars) as listed below.

**Face to Face** – All of these sessions will take place in London 9.00 – 5.00pm
on all days except for Day 2 which will be a half day (timings to be confirmed)

Day 1 – Wednesday 2nd October 2019  at Coin Street, London

Day 2 & Day 3 (residential event) – Tuesday 12th & Wednesday 13th November 2019
at Loughborough University

Day 4 – Thursday 6th February 2020 at Coin Street, London

Day 5 – Thursday 5th March at Coin Street, London

Day 6 – Thursday 30th April at Coin Street, London

**Webinars** (times to be confirmed) on:

Webinar 1 – Thursday 28th November 2019

Webinar 2 – Thursday 30th January 2020

Webinar 3 – Wednesday 1st April 2020

1. **Fees and cancellation**

I agree to the terms and conditions and the penalty fees for non-attendance of any part of the programme as detailed below.

Programme fees –All fees must be paid in full before the start of the programme.
Fees cover refreshments, meals and programme materials but do not include travel to
or from the programme venues, 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 apply
* Less than 30 days’ notice – a cancellation charge of 50% of the programme cost will be applied
* No show/not attendance – a penalty charge of £2,000 plus VAT will be applied
1. **Invoicing**

I agree for the nominated person below to be invoiced a fee of £650 plus VAT.

Contact details for invoicing

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

1. **Personal Data**

Please note that we respect your privacy and are committed to protecting your personal data.

We will use your personal data to:

* Share with the LECPC programme team to assess your suitability against the acceptance/recruitment criteria
* Share with the LECPC programme team to understand participant thinking and adapt the programme accordingly if required
* If you are successful and accept your place on the 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
* If you are successful and accept your place on the programme, we will contact you (via email and phone) to share information about the structure and content of the programme
* If you are successful and accept your place on the programme, we will invite you via email, to participate in post-programme impact evaluations
* If you are successful and accept your place on the programme we will invite you to alumni events and share other future opportunities. If you do not want us to store and use your data for this purpose, please let us know

**I agree to all the above terms and conditions**

**Signed  Date**

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1. **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 Communities and Personalised Care Programme and will be able to attend all the face-to-face and webinars as listed above. I agree to the terms and conditions and the penalty fees for non-attendance of any part of the programme as detailed above.

**Signed  Date**

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Name & position within the funding organisation ..................................................

