**MANAGER ESSENTIALS**

**Application Form**

***‘Leadership is not about being in charge. Leadership is about taking care of those in your charge’***

Simon Sinek

This programme is for staff with people management responsibilities who wish to build their knowledge in this area. It is knowledge based and will provide you with a foundation building block in the expectations and core duties of management, regardless of your role, background or band.

You will leave the programme with an understanding of the key responsibilities of managers in relation to human resources, finance, risk, and other key resources; with useful information about Trust policy and process which you will be able to apply in the context of your day-to-day role.

The time commitment for this programme is 7 days. This consists of 5 full day sessions, with half a day of self-study in between programme date.

**To apply for this programme, please complete and return this form to** [**wuth.learninganddevelopment@nhs.net**](mailto:wuth.learninganddevelopment@nhs.net) **no later than the application closing date for your preferred programme (see below for details).**

**Cohort Details**

There are three cohort dates currently available. Please indicate below which dates you would prefer to attend in order of preference (1=most preferred, 3=least preferred). If you are unavailable for a cohort, please indicate below.

Please ensure that, other than for exceptional circumstances, you are able to commit to all programme dates and hold these in your diary until you hear the outcome of this application. Should you not be able to make all the dates of this programme, you should make this clear when applying.

Location:

Education Centre, Arrowe Park Hospital/ and or Elm House Clatterbridge

|  |  |  |  |
| --- | --- | --- | --- |
| **Cohort Number** | **Programme Dates** | **Application Dates** | **Preference** |
| 7 | Wednesday 26th June 2024  Wednesday 10th July 2024  Tuesday 30th July 2024  Wednesday 14th August 2024  Wednesday 28th August 2023 | Applications close on 22nd April 24  Application outcomes by 7th May 24 |  |
| 8 | Tuesday 1st October 2024  Wednesday 16th October 2024  Tuesday 19th November 2024  Wednesday 4th December 2024  Tuesday 17th December 2024 | Applications close on 29th July 2024  Application outcomes by 12th August 2024 |  |
| 9 | Wednesday 8th January 2025  Tuesday 28th January 2025  Wednesday 19th February 2025  Tuesday 11th March 2025  Wednesday 2nd April 2025 | Applications close 11th November 2024  Application outcomes by 25th November 2024 |  |
| 10 | Tuesday 15th April 2025  Wednesday 7th May 2025  Wednesday 28th May 2025  Wednesday 11th June 2025  Tuesday 8th July 2025 | Applications close 3rd February 2025  Application outcomes by 17th February 2025 |  |

**Application Form Section 1: Personal Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **Name:** |  |
| **Division/Ward/Department:** |  |
| **Job Role:** |  |
| **Job Grade:** |  |
| **Staff Number:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **ESR Number:** |  |

**Section 2: Personal Statement**

1. **Please explain why you want to participate in the Manager Essentials programme** (you should reference your career aims, particularly in respect to management: how participating in the programme will support you in the workplace, what you hope to gain etc.)

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1. **Do you have current line manager responsibilities** YES  NO

If yes, please tell us a bit more below:

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|  |

1. **What are the benefits of you attending the programme for your team/area of work?**

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| --- |
|  |

1. **Have you previously undertaken any leadership or management development? If so, please give details of the development and a brief overview of how you gained from it.**

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**Section 3: Manager Supporting Statement**

1. **Please explain why you support this person’s application**

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1. **How will you enable learning to be applied?**

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| --- |
|  |

1. **Upon completion of the programme, do you agree / commit to engaging in a reflective discussion with the participant about the learning that has been gained and how this will be applied in practice?** YES  NO
2. **Do you commit to releasing this person wherever possible to attend all scheduled programme dates and self-study requirements?** YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager Name:**  **Signature:** |  | **Date** |  |

**Section 4: Your Commitment**

By completing this application form you are agreeing to participate fully in all workshops and sessions of the relevant programme and all other sessions. You are agreeing to participate in self-directed learning which will be shared during the programme.

I confirm that I will attend and participate in all required learning activities as set out above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant**  **Name/Signature** |  | **Date** |  |

* **Return your completed form to** [**wuth.learninganddevelopment@nhs.net**](mailto:wuth.learninganddevelopment@nhs.net) **and hold dates in your diary.**
* **Application outcomes are based on your ability to complete the programme requirements and appropriate answers to the above questions.**
* **You will be informed of the outcome of your application no later than the dates stated on this application form.**

## Additional Information

We would like to know a bit more about you so that we can compare the experiences of different staff therefore we would be grateful if you could complete the details below.

1. **Gender:** Male  Female  Prefer to self-describe  Prefer not to say

**1a. Is this different from birth?** Yes  No

1. **Age at time of application­**
2. **What is your ethnic background?**

**White Asian / Asian British Chinese and other ethnic background**

British  Indian  Chinese

Irish  Pakistani  Any other ethnic background

Any other white  Bangladeshi  (please specify)

Background Any other Asian background

**Mixed Black / Black British**

White and Black Caribbean  Caribbean

White and Black African  African

White and Asian  Any other black background

Any other mixed background

1. **What is your sexual orientation?**

Heterosexual or straight  Gay man  Gay woman (lesbian)  Unsure

Bisexual  Other  I would prefer not to say

1. **What is your religion (if any)?**

No religion  Hindu  Sikh

Christian  Jewish  Any other religion (please specify)

Buddhist  Muslim

I would prefer not to say

1. **Do you have a disability or long-term health condition?** Yes  No

(By long-term, we mean that it has lasted, or is expecting to last, at least 12 months)

1. **Do you have a learning difficulty or are neurodivergent?** Yes  No

(For example, Autism, ADHD, Dyslexia, etc)

If you have answered ‘Yes’ to either question, and you require any reasonable adjustments or specific support on your learning programme, please contact email wuth.learninganddevelopment@nhs.net

1. **Are you a carer?**  Yes  No

**(**A person who cares, unpaid, for a friend or family member who, due to illness or disability, cannot cope without their support).

**NB: Please note this information will be treated in strict confidence and will only be used for monitoring purposes.**