**Leading Teams Application Form**

**Section 1: Personal Details**

Please check this box to confirm that you have read the Programme Guide

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

**Section 2: Personal Statement**

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

|  |
| --- |
| Max 500 words |

1. **In your own words, please tell us a bit about your role** (how many people do you manage, what are the challenges, what are the things that work well):

|  |
| --- |
| Max 200 words |

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)?

|  |
| --- |
| Max 200 words |

**Section 3: Manager Supporting Statement**

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

|  |
| --- |
| Max 100 words |

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

|  |
| --- |
| Max 100 words |

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. **The final day of the programme will be a celebration event, where the person named in section 1 will present their project. Where possible it is expected that line managers will attend in support.**
3. **Do you commit to releasing this person wherever possible to attend all scheduled programme dates and for two additional workshops should they be successfully allocated a place?** 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. This includes two full days of learning, and at least two workshops that you will choose depending on your development priorities identified through the programme.

I confirm that I am aware of the cohort dates (located on Leading Teams intranet page) and would like to commit to:

Cohort 4  Cohort 5

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

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

**Next Steps**

* **Return your completed form to** [**wuth.learninganddevelopment@nhs.net**](mailto:wuth.learninganddevelopment@nhs.net) **and hold dates in your diary.**
* **If returning a hard copy application form, this can be posted through internal mail to Chris Lloyd, L&D Office, 2nd Floor Education Centre, Arrowe Park Hospital. Please ensure you leave enough time for your application to reach us before the relevant closing date.**
* **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 shortly.**

## 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.**