

***hosted by*** Northern Care Alliance

Mayo Building

Stott Lane

Salford

**NHS Clinical Leaders Network (CLN)**

**Advanced Clinical & Care Leaders Programme (ACCL)**

**Application form**

|  |  |
| --- | --- |
| **Name** | [Please type] |
| **Qualifications** | [Please type] |
| **Job Title** | [Please type] |
| **Organisation** | [Please type] |
| **Address** | [Please type] |
| **Contact Tel. No** | [Please type] |
| **Contact Email** | [Please type] |

**Short Biography (100 words only)**

[Please type]

**As a leader within your system, what objectives do you hope to achieve over the next three years:**

[Please type]

**What are your expectations of the Advanced Clinical & Care Leaders Programme of how it can assist you to achieve these objectives:**

[Please type]

**Any previous leadership development & courses attended:**

|  |  |  |
| --- | --- | --- |
| Provider | Course | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**Please share any experience of coaching which you have received in the past or present:**

[Please type]

**In no more than 100 words, please tell us why you would like to attend the NHS CLN Advanced Clinical & Care Leaders Programme (ACCL):**

[Please type]

*The NHS Clinical Leaders Network only charges the minimal amount for this course to cover the costs (£2,500) and as such require the course to be paid in advance to keep our costs down and ensure the smooth running of the training programme.*

**Please note that no applications can be accepted without a PURCHASE ORDER**

**Purchase Order number:** [Please type]

**Customer/Trust Name & Address:** [Please type]

**Invoice to be emailed to:** [Please type]

**Invoice F.A.O:**  [Please type]

By signing the below, you are agreeing to attend the full programme and to paying the cost of the programme in advance of day 1.

**Applicants Signature:**

**Organisational CEO/MD/DoN Signature:**

**Name & Email address with Title:**

Please e-mail the completed form to CLN Admin admin@cln.nhs.uk