



***hosted by*** Northern Care Alliance

Mayo Building

Stott Lane

Salford

**NHS Clinical Leaders Network (CLN)**

**Emerging Frontline Clinical & Care Leadership (EFCCL) Programme**

**Application form**

**Cohort Name** (Please enter cohort number/start date)

**Name** (Please type)

**Qualifications (**Please type)

**Job Title** (Please type)

**Profession Group** **(**Please tick the profession group that applies to you)

|  |  |  |  |
| --- | --- | --- | --- |
| Medical |  | Nursing & Midwifery |  |
| AHP |  | Healthcare Scientist |  |
| Pharmacy |  | Social Care |  |
| Dentist |  | Manager |  |
| Optometry |  | Psychology |  |
| Other |  | Specify: |

**Region** (Please type)

**Organisation** (Please type)

**Address** (Please type)

**Contact Telephone No** (Please type)

**Contact Email** (Please type)

**How did you hear about the programme (**Please tick what applies to you)

|  |  |
| --- | --- |
| CLN Website |  |
| CLN Newsletter |  |
| Word of mouth |  |
| Email Cascaded to me |  |
| Social media |  |
| If Social Media or Other, please specify  |  |

**Any Previous leadership development Courses attended:**

**(**Please type)

**Leadership Aspiration over the next 5 years:**

**(**Please type)

**Short Biography (100 words only)**

**(**Please type)

**In no more than 100 words please tell us why you would like to attend the 2025 NHS CLN EFCCL Programme.**

(Please outline how you, your organisation and the wider NHS would benefit from your continuing development in Clinical & Care Leadership):

*The NHS Clinical Leaders Network only charges the minimal amount for this course to cover the costs (£1,650) 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**

|  |
| --- |
|  |

**Enter Discount Code:**

**Purchase Order number:** (Please type)

**Trust Name:** (Please type)

**Trust Finance 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 (four formal training sessions and viewing three modules which complement the core development sessions and to paying the cost of the programme in advance of day 1.

**Applicants Signature:**

**Organisational CEO/MD/DN/Line Manager Signature:**

**Name & Email address of Line Manager with Title:**

We would encourage all Line Managers to actively support the applicant during and after the leadership development programme by ensuring that they partake in leadership activities and are given opportunities to lead.

Please e-mail the completed form to CLN Admin to:

admin@cln.nhs.uk