



***hosted by*** Northern Care Alliance

Mayo Building

Stott Lane

Salford

**NHS Clinical Leaders Network (CLN)**

**Introduction to Clinical & Care Leadership (ICCL) Programme**

**Application form**

**Cohort Name** (Please enter date of cohort)

**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)

**In no more than 100 words please tell us why you would like to participate in the CLN Introduction to Clinical Leadership Programme.**

(Please type)

*The NHS Clinical Leaders Network only charges the minimal amount for this course to cover the costs - £400 no vat for public sector staff / non public sector cost is £750 no vat and as such require the programme 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)

**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 paying the cost of the programme in advance of the training day.

**Applicants Signature:**

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

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

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

admin@cln.nhs.uk