



***hosted by*** Northern Care Alliance

Mayo Building

Stott Lane

Salford

**NHS Clinical Leaders Network (CLN)**

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

**Application form**

**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  |  |

**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 |
|  |  |  |
|  |  |  |
|  |  |  |

**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]

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

[Please type]

*The NHS Clinical Leaders Network only charges the minimal amount of £2500 (zero-rated vat) for this programme to cover the costs 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**

|  |
| --- |
|  |

**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 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