# Application Form for the

# Care Home Manager’s Leadership Learning Groups

For all Care Home Managers/Deputy Managers working in the East of England

***Are you a manager working in Care who is looking to develop your practical leadership and management skills?***

***Would you like to become part of a small support network of peers working in the same sector, with whom you could ‘safely’ share different perspectives, learn from each other, and explore different approaches to dealing with the challenges (and opportunities) of leadership in the care sector?***

***Do you like the idea of being able to do some of your learning flexibly so you can fit it around the demands of your workplace?***

Please complete this application form and return to eoe@leadershipacademy.nhs.uk no later than the **10th September.** Applications will be reviewed and decisions communicated as soon as possible after this date.

The following criteria will be used for selection:

* demonstration of commitment to personal leadership development
* able to attend all selected cohort dates
* acceptance of the cancellation policy
* Support from your employer

Selection will be carried out by a virtual panel, there is no interview.

Please answer all the questions below - feel free to expand the form, as required, to suit your answers. If successful, final joining instructions will be sent 2 weeks prior to the first workshop.

**The closing date for submission of application forms is Friday 5th June.**

**Applications will be reviewed and decisions communicated as soon as soon as possible after this date.**

**Section 1: Personal details**

**Please denote which Integrated Care System your care home is within?**

Suffolk and North East Essex ICS

Norfolk and Waveney ICS

Bedford, Luton and Milton Keynes ICS

Mid and South Essex ICS

Hertfordshire and West Essex ICS

Cambridgeshire and Peterborough ICS

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| **Your details** |
| **Name** |  |
| **Your Role** |  |
| **Organisation name** |  |
| **Email address and phone number** |  |
| **Line Managers name and title** |  |
| **Line Managers email and phone number** |  |

**Cohort Dates:** Please indicate which cohort you wish to join (you need to be able to attend all dates):

|  |  |  |
| --- | --- | --- |
| COHORT  | DATES OF WORKSHOPS | TICK PREFERENCE |
| 1 | 1/10/21, 6/10/21, 27/10/21,17/11/21 – 29/12/21, 8/12/21, 29/12/21 |  |
| 2 | 29/10/21, 3/11/21, 24/11/21, 15/12/21/5/1/22,26/1/22 |  |
| 3 | 25/2/22, 2/3/22, 23/3/22, 13/4/22, 4/5/22, 25/5/22 |  |

I confirm that I have organisational agreement to attend the selected workshop dates.

**Section 2: About you**

## In this section please be as specific as possible about your learning objectives, how they will support delivery of strategy, and any other benefits there will be for you personally or for your organisation.

**Please complete the following questions in the boxes provided.**

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**1. What do you hope to gain from the programme:**

1. **Personally?**
2. **For your employing organisation and the wider health and system?**

**2. What will be your key challenges in taking part in this programme:**

1. **Personally?**
2. **Organisationally?**

**3. What are your personal objectives in attending this programme? Please give a considered response to this question**

**5. Please outline why you feel leadership is important to you and your role?**

**4. How will you know if you have achieved your objectives?**

**Section 3a: Sponsor support**

**We ask all participants to provide details of a senior leader in their organisation who will act as a sponsor for them throughout the programme. This must be someone who has the authority to release you from the organisation for all of the scheduled activity.**

**The sponsor’s role is to support you throughout the programme, to help you meet both your personal development goals and to support you in your work both within your organisation and across the wider health system.**

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| **Sponsor details** |
| **Name** |  |
| **Role** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Relationship to applicant** |  |
| **Date** |  |

**Sponsor statement**

1. **Please indicate why this applicant would benefit from the programme and how this will be of benefit to their team or organisation and what outcomes would you like to see?**

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| **IMPORTANT****Booking Details & Conditions** |
| **This programme is funded by the East of England Leadership Academy. In order to successfully complete the programme you are expected to attend all days. It is not possible to attend part of the programme.****In order to demonstrate best value to patients and taxpayers, we need to ensure maximum attendance on leadership development programmes and events. Failure to attend without a justifiable reason\* will result in NHS EoE charging a cancellation fee of £800.***\*workload pressure is not considered a justifiable reason*Your application will be reviewed by programme faculty.**Please note:****If you are accepted on this programme you will need to commit to the following:-*** **That you attend ALL five sessions (unless previously agreed with Caroline)**
* **That you will complete the Leadership Project outlined on Day 1**
* **That you will complete and return any Evaluation questions required at the end of the programme.**

If you are offered a place on the programme you will be invited to confirm acceptance of your place.***I have read and understand the booking conditions*** ***[ ]*** ***We cannot proceed with your application unless this box is ticked***Thank you for completing this form, please return to:**eoe@leadershipacademy.nhs.uk****Please hold the programme dates in your diary.** |