

# Application Form

# Primary Care Triumvirate Leadership and Change Agent Programme 2018-19

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Please register your practice interest by completing this application form and emailing it to [amy.makler@hee.nhs.uk](mailto:amy.makler@hee.nhs.uk) by 5pm on Wednesday 5th September 2018 with the following information. Please provide as much detail as possible to enable the panel to decide on your readiness to engage in the programme. Following a panel review, we will then be in touch to confirm if your application has been successful and next steps.

**Important:** Please ensure that all nominated participants can attend all the programme dates provided in the appendix.

All programme days will take place at Horizon Leeds.

## Your details

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| **Practice/Locality name and address** | | | |
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| **Who is the main contact for your application?**  ***(This should be one of your identified triumvirate team members as our main point of contact around your application)*** | | | | |
| **Name** | | **Phone** | **Email** | |
|  | |  |  | |
| **Names of the triumvirate team you are putting forward:** | | | | |
| **Team Role** | **Job role**  **(Please state)** | **Name** | **Email** | |
| **Medic:** | i.e. GP/Medic/Dental etc. |  |  | |
| **Clinician:** | i.e. Practice/Dental Nurse / Pharmacist etc. |  |  | |
| **Manager/**  **Professional:** | i.e. Practice Manager /Social Worker |  |  | |

## Why are you applying?

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| **Why apply? Please state the reasons that your Triumvirate is applying for this course – what does your locality want to gain as a result? (200 words max)** |
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| **Readiness: Why is your Triumvirate ready for this programme now? (200 words max)** |
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| --- | --- |
| **Your participants: Why have you put these people forward? (100 words max)** | |
| **Participant name** | **Why are they ready to attend the programme? More about them…** |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Change project: What is the change project / initiative that you plan to use the programme to progress for your Triumvirate? (100 words max)** |
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| **Any other supportive comments? Why should we pick you over others to attend the programme? This is your last chance to shine…! (100 words max)** |
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| **What are the strengths and current challenges for your practice or locality? (100 words max)** | |
| ***Strengths*** | ***Challenges*** |
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| **Vision: Please state the vision for your locality in the medium term i.e. 2 years (100 words max)** |
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## Learning agreement

We acknowledge and commit as a practice:

* We will attend all the learning dates and will ensure that the three participants we put forward are all able to freely engage on those dates.
* We will fully commit to the programme and will engage in supporting all aspects to make it a success for our practice and wider participants on the programme.
* We feel that as a practice we are ready to embrace the programme and commit to progressing our identified organisational change project identified above.

Signed on behalf of the practice (electronic signature):

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| --- | --- | --- |
| **Name** | **Role** | **Signature** |
|  |  |  |

## Marketing and engagement (optional)

I agree to my personal data being stored and used for distribution of the YHLA newsletter and to receive information from the YHLA about leadership training and development, events and surveys:

Yes/No (please delete as applicable)

# Appendix

**Programme dates**

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| --- | --- | --- |
| Day | Date | Programme Element |
| Day 1 | Monday 8th October 2018 | Introducing the programme |
| Day 2 | Tuesday 6th November 2018 | Leading transformational projects |
| Day 3 | Monday 3rd December 2018 | Change management, self-insight & relationships |
| Day 4 | Thursday 10th January 2019 | Influencing, building teams & talent planning |
| Day 5 | Tuesday 5th February 2019 | Conversations, resilience & presenting with impact |
| Day 6 | Thursday 28th February 2019 | Consolidating learning journey |
| Day 7 | Tuesday 26th March 2019 | Celebration day |