Application form for Mary Seacole (Local) Programme

# Criteria

The Mary Seacole local programme is for first time leaders in healthcare, or those aspiring to their first formal leadership role. It’s for you if you’re:

* Looking to move into your first leadership role
* In a ‘formal’ position of leadership with responsibilities for people and services
* Able to relate what you learn to your workplace

# Programme Summary

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| **Programme Title** | Mary Seacole Local Programme |
| **Award** | NHS Leadership Academy Award in Healthcare Leadership |
| **Length of Programme** | 6 months |
| **Time commitment** | 5 - 10 hours per week undertaken in your own time |
| **Mandatory Workshops** | 3 one-day workshops plus 1 half-day launch event |
| **Modes of study** | Online learning and face-to-face workshops |
| **Assignments** | One 2,000-word assignment at the end of the programme |

# Application Process

Before applying, please read the Local Participant Guide and make sure that you can meet the time commitment.

Do speak to your line manager to get their support for you to attend the mandatory face-to-face workshops; and to discuss the opportunities, space and support for you to bring your learning back to the workplace. You are also encouraged to talk to your line manager about your learning and development experience and provide an update on your progress as the programme moves forward. Sharing the Local Manager Guide with them will help them to understand both the programme benefit and the commitment.

If you are still keen to apply, please complete all sections of this application form by:

## Your Personal Statement

Your personal statement is an important part of your application. You should answer all of the questions because decisions on your suitability for the programme will be made based upon your answers. Your personal statement should be personal and unique to this programme and reflect you as a developing leader. Please make sure that you adhere to the word limit.

In the main body of the statement, concentrate on relating your skills, knowledge and experience to the questions, making sure that you answer each one.

Please note we may well be over-subscribed for each cohort, so it is important that your statement does you justice!

Inclusion is important to us. We look forward to receiving applications from our wonderful diverse workforce.

Finally, if you have trouble completing the form in this format due to accessibility issues for example for partially or none-sighted applicants, please do let us know and we will work hard to meet your accessibility.

**Please be advised that incomplete applications will not be accepted.**

**Please note that if you are unable to attend launch day and all workshops you will not be able to complete the programme.**

**Please note that all sections need to be completed prior to sending in your application form**

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| **SECTION A – TO BE COMPLETED BY THE APPLICANT** | |
| First name: | Surname: |
| Job Title/Role: | Organisation:  Please confirm that you are employed within the Hereford & Worcester ICS |
| Are you currently in a ‘formal’ position of leadership with responsibilities for people and services? Please detail: | Please indicate if permanent, secondment or fixed term:    If fixed term or secondment, please indicate when contract is due to end and tell us about your substantive role: |
| Full name and address of ward/department/directorate your current role: | If currently not in your usual role, please supply the full name and address of ward/department/directorate of your substantive role: |
| Have you had access to a “career conversation”? If so how does attending this programme support your aspirational development plan? | |
| Contact Number:  Email address: | |
| Course fees:  Normal cost of national Mary Seacole programme: £995  **Cost to the budget holder through this offer: £300** | |
| Please confirm that you have read the full Local Participant Guide: | Please confirm that you have shared the Local Line Manager Guide with your manager: |
| **COHORT DATES** | |
| **Cohort 11 (all workshops will take place on Teams)**  ***Welcome Launch*:** **23rd May’24**  ***Workshop 1:***  **27th June’24**  ***Workshop 2:*** **8th August’24**  ***Workshop 3:*** **19th September’24**  ***Programme ends*:** - **21st November’24.**  **All workshops are mandatory and require participant attendance.** | |
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| **PERSONAL STATEMENT**  **Please provide a personal statement in support of your application.**  *Your statement should answer the following and be no longer than 500 words:*   1. *Why I should have a place on this programme. And why now.* 2. *How I will the programme support me in my current role.* 3. *How I will I use my learning to support the priorities in my organisation.* 4. *My relevant professional and leadership experience.* 5. *Current role and the people that I lead (if applicable)* 6. *How I will implement my learning back in the workplace.* 7. *How I plan to meet the requirements for at least 5 hours of private study per week.* | | | | | | |
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| **Please tick and sign below to confirm that:** | | | | | | |
| I agree for my data to be processed to administer the programme. | | | | |  | |
| I can easily and regularly access the internet (e.g. computer at home, tablet, library…) and will ensure that I complete the significant amount of online learning required. | | | | |  | |
| I will attend all required workshops and take a full and active part. | | | | |  | |
| I will meet with my manager on a regular basis to review my progress and seek help from my manager/the facilitators if I am having difficulties with the programme. | | | | |  | |
| I will complete the requirements of the programme including workshops, virtual learning (with two meaningful contributions per module), exercises and 2,000-word submission by the deadline. | | | | |  | |
| I have read and agree to the statement in the flyer about the sharing and storing of my data | | | | |  | |
| I understand that failure to attend study days or failure to complete other elements of the programme within six months could result in a charge of £300 plus additional fees for the study leave received and administrative costs incurred, in line with my organisational guidelines. | | | | |  | |
| **GDPR Statement: The organisation will adhere to the principles of the data protection law. You have the right to withdraw consent at any time by contacting the programme administrator.** | | | | | | |
| I understand that, if I move jobs during the programme that:   * this does not constitute extenuating circumstance for withdrawal from the programme; and * I will make my new employer and line manager aware before I accept the job offer that I am committed to complete the programme and will require their support to do so | | | | |  | |
| **Applicant’s signature** |  | | | | | |
| **Please print name** |  | | | | | |
| **Date** |  | | | | | |
| **SECTION B - TO BE COMPLETED BY LINE MANAGER** | | | | | | |
| Please give the **date** of the applicant’s last **appraisal or talent management conversation:** | | | | Please confirm that the applicant is 100% compliant with their **statutory and mandatory training:**  If no, when will they complete the required training: | | |
| **Please tick and sign below to confirm that:** | | | | | | |
| I have discussed with the learner the commitment that the programme requires and have checked that they will be able to manage the work/study balance. | | | | | |  |
| I will ensure the learner is able to attend (incl. arranging off duty as required) the four required workshops and complete work-based elements of the programme and some of the virtual learning. I understand that work pressures are not a reasonable excuse for the participant to miss a workshop. | | | | | |  |
| I will provide support for the learner by providing information as required. | | | | | |  |
| I have discussed with the learner their objectives for participating in the programme and will help them to develop their Personal Development Plan. | | | | | |  |
| I will allow the learner time to carry out their Personal Development Plan and to attend learning events recommended in the feedback. | | | | | |  |
| I will discuss with the learner their experiences on the programme at regular intervals. | | | | | |  |
| I will meet with the learner to plan future development following completion of the programme. | | | | | |  |
| I will provide evaluation information when requested. | | | | | |  |
| **Line Manager’s Signature:** | |  | | | | |
| **Please print name** | |  | | | | |
| **Job Title** | |  | | | | |
| **Email** | |  | | | | |
| **Date** | |  | | | | |
| **SECTION C – TO BE COMPLETED BY AN AUTHORISED SIGNATORY**  such as a budget holder, senior manager, organisation development lead | | | | | | |
| Corresponding fee payable | | | £300 (VAT exempt) | | | |
| BUDGET CODE: | | |  | | | |
| Authorised Person’s Signature: | | |  | | | |
| Please print name | | |  | | | |
| Job Title | | |  | | | |
| Date: | | |  | | | |

**Please send completed applications to** [**hwicb.icsacademy@nhs.net**](mailto:hwicb.icsacademy@nhs.net)

**by the deadline:**

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| **Cohort 11** | **Deadline for applications** |
| Hereford and Worcester | Friday 26th April 2024 |

**Admin use only:**

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| **Application accepted** | |  | **Application rejected** |  |
| **Reasons for decision** | | | | |
| **Name and Signature**  **(1st Member of Organisation)** |  | | | |
| **Job Title** |  | | | |
| **Date** |  | | | |
| **Name and Signature**  **(2nd Member of Organisation)** |  | | | |
| **Job Title** |  | | | |
| **Date** |  | | | |
| **Name and Signature**  **(3rd Member of Organisation)** |  | | | |
| **Job Title** |  | | | |
| **Date** |  | | | |