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| **Future Leaders Programme Alumni Extension Request Form** |

Guidance Notes on making an application to extend a leadership fellow post are available on the HEE YH website and should be read prior to completing this form. This form is to request to extend the fellowship on part time basis for 1 day per week.

ALL Applicants must complete Parts A and C. Junior Doctors must complete Parts A, B and C.

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| **PART A – Leadership Fellow’s Personal Details** *(to be completed by ALL applicants)* |
| **Name:** |       | **Registration No if applicable:***e.g. GMC, NMC* |       |
| **Profession:***e.g. nurse, paramedic, junior doctor* |       |
| **PART B – For completion by Junior Doctor Fellows only***(to be completed by junior doctor applicants only)* |
| **CCT Date:** |       | **Parent Specialty:** |       |
| **PART C – Current Leadership Fellow Post Details***(to be completed by ALL applicants)* |
| **Brief Project Description:** |       |
| **Employer for intended clinical role:**  |       |
| **Post funding:** | [ ]  50% Trust / 50% HEE funded[ ]  100% HEE funded |
| **Basis on which you wish to undertake your 1 day per week post** | [ ]  OOPE (Junior Doctors only)[ ]  OOPT (Junior Doctors only)[ ]  Secondment[ ]  Other, please state |
| **Original Start and End Dates for Current Leadership Fellow Post**: |
| **From:** |       | **To:** |       |
| **Proposed new end date:** |       |
| I confirm that the above information is correct and I have attached the necessary supporting documentation: [ ]  Letter outlining my personal reason(s) for extension and aims and objectives[ ]  Letter in support of extension from Supervisor of Leadership and Management Project[ ]  Letter in support of extension from Head of School of parent specialty or future line manager Fellow’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART D – Postgraduate Dean’s Approval** |
| \***Approved / Not Approved** *\*delete as appropriate**Comments (if required):*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

*FOR USE BY ADMIN STAFF: Fellowship post number: LM\_\_\_\_\_\_*

Copy to:- [ ]  Programme Support Coordinator (for parent specialty if a junior doctor)

 [ ]  Data Team Specialty Lead

 [ ]  Fellow’s employer