

Please **fully** complete this Application Form to apply for a post in the **Health Education England – Yorkshire and the Humber** Future Leaders Programme. Please do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. The form should be fully completed. All questions are mandatory and therefore must be answered.

## APPLICATION FORM

## Future Leaders Programme

Post Reference	
Post Title	

### Personal Details

Title	
Family Name / Last Name	
First Name	
Address	
Postcode	
Country	
Home Telephone	
Mobile Telephone	
Work Telephone	
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email Address	

### Right to Work in the UK

Are you a United Kingdom (UK) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require Tier 2 sponsorship to undertake this post?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Important information for applicants requiring Tier 2 sponsorship:</b> Medical and dental trainees currently sponsored by Health Education England are eligible to apply. All other applicants requiring a Tier 2 visa, are only eligible to apply if their current sponsor agrees to continue their sponsorship for the duration of the programme. For more information about Tier 2 visas, please see <a href="https://www.gov.uk">gov.uk</a> .	

## Current Employment / Training Post Details

Job Title	
Employer Name	
Employer address	
Postcode	
Country	

### For current medical and dental trainees only:

NTN (if applicable)	
Name of School	
Name of Specialty	
Current Training Grade	

### For all other staff groups:

Staff group	
Current AfC Band	
<p>If successful, all applicants (other than medical and dental trainees*) will be appointed on a secondment basis. As such they will continue to be employed by their current organisation for the duration of the programme. Applicants must have agreement from their current employer that they will be released to undertake the programme if successful. Please provide details of your line manager or a HR contact who has agreed that you will be released on a secondment basis if successful.</p> <p>If you or your employer have any questions about secondment arrangements, please email: <a href="mailto:futureleadersrec.yh@hee.nhs.uk">futureleadersrec.yh@hee.nhs.uk</a></p> <p>*(Medical and dental trainees will be employed by a nominated employer for the vacancy.)</p>	
I have agreement from my employer to undertake this secondment opportunity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line manager / HR contact name	
Line manager / HR contact email	

## Professional Registration

Please give details of your professional registration eg GMC, GDC, GPhC, HCPC	
Professional Body	
Membership/Registration Number	
Membership Status	
Expiry/Renewal Date	

## Education & Professional Qualifications

Please list all relevant academic and professional qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check.

Qualification	Grade/result	Place of Study	Year obtained

## Training and Continuing Professional Development

Please list any relevant additional training or competences that you would like us to consider in relation to your application.


## References

Please provide the names and full details of three people who have agreed to supply references. One of whom must be your present or most recent employer. References will only be collected after interview.

### Referee 1

Title	
Last Name	
First Name	
Relationship to you	
Employer Name	
Referee Job Title	
Employer Name	
Address	
Postcode	
Contact Number	
Email Address	

**Referee 2**

Title	
Last Name	
First Name	
Relationship to you	
Employer Name	
Referee Job Title	
Employer Name	
Address	
Postcode	
Contact Number	
Email Address	

**Referee 3**

Title	
Last Name	
First Name	
Relationship to you	
Employer Name	
Referee Job Title	
Employer Name	
Address	
Postcode	
Contact Number	
Email Address	

Supporting Statement

Please provide a statement giving your reasons for applying and outlining your suitability for the post. Your supporting statement must be no more than one page of A4.

## Declaration

The information in this form and in any attachments is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. If successful, I consent to my application being shared with the Health Education England Future Leaders Programme.

I agree to the above declaration			
Signature			
Name		Date	

*[Please enter your full name. If invited to interview, you will be asked to sign your application.]*

To submit your application please send your completed Application Form and a copy of your CV to the Application Contact given in the vacancy description on the [recruitment website](#) and complete the diversity monitoring form (see below).

**Please note: CVs sent without a fully completed Application Form, will not be accepted.**

### Diversity Monitoring Form

When submitting your application, please complete the online [Diversity Monitoring Form](#). The diversity monitoring questions are optional. However, completing the form helps us to ensure that the Future Leaders Programme is accessible to all.

The form is anonymous and is not shared with the host organisation. The data is collected and stored securely in compliance with GDPR. For more information about how we use and protect your data, please see our [Privacy Notice](#).