Please **fully** complete this Application Form to apply for a post in the **Future Leaders Programme** in **NHSE Education – Yorkshire and the Humber** (Yorkshire and the Humber). 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 must be fully completed. All questions are mandatory and therefore must be answered.

## Future Leaders Programme Application Form

### Post Details

|  |  |
| --- | --- |
| Post Reference |  |
| Post Title |  |

### Personal Details

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Address |  |
| Country |  |
| Substantive employer |  |
| Home Telephone no. |  |
| Work Telephone no. |  |
| Mobile Telephone no. |  |
| Preferred telephone no. | Home |  Work |  Mobile |
| Email Address |  |

### Right to Work in the UK

|  |
| --- |
| Are you a United Kingdom (UK) national? |
| Yes |  No |
| Do you require visa sponsorship to undertake this post? |
| Yes |  No |
| **Important information for applicants requiring visa sponsorship:** Medical, Public Health and dental trainees currently sponsored by Health Education England are eligible to apply. All other applicants requiring a 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 visas, please see gov.uk. |

### Current Employment / Training Post Details

|  |  |
| --- | --- |
| Job title |  |
| Profession | Specialist Registrar (doctor)  Specialist Registrar (public health)  Specialist Registrar (dentist)  SAS Doctor  SAS Dentist  Nurse  Midwife  Pharmacist  Pharmacy Technician  Allied Health Professional:  Art Therapist  ☐ Dietitian  ☐ Drama Therapist  ☐ Music Therapist  ☐ Occupational Therapist  ☐ Operating Department Practitioner  ☐ Orthoptist  ☐ Osteopath  ☐ Paramedic  ☐ Physiotherapist  ☐ Podiatrist  ☐ Prosthetist / Orthotist  ☐ Diagnostic / Therapeutic Radiographer  ☐ Speech and Language Therapist  Healthcare Scientist:  ☐ Biomedical Scientist  ☐ Clinical Scientist  ☐ Laboratory Technician  Other Healthcare Scientist role **(please state)**:  Other profession **(please state):** |
| Employing organisation: |  |
| Employer address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **For current doctors and dentists in training and public health registrars only:** | | | |
| National Training Number | |  | |
| Specialty School | |  | |
| Programme Specialty | |  | |
| Current Training Grade | |  | |
| Current Terms & Conditions | | Medical |  Agenda for Change | (Public Health Registrars only) |
| **For SAS Doctors and SAS Dentists only:** | | | |
| SAS Grade |  | | |
| Specialty |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **For all other applicants:** | | | |
| Current AfC Band |  | | |
| Specialty |  | | |
| 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 should discuss their interest to undertake a secondment prior to applying, where possible. Once successful, agreement from their current employer must be sought as soon as possible. | | | |
| My employer is aware that I have applied for this secondment opportunity: | | | Yes |  No |
| Line manager / HR contact name | |  | |
| Line manager / HR contact email | |  | |

### Professional Registration

|  |  |
| --- | --- |
| **Please give details of any statutory registration**  ie GCC, GDC, GMC, GOC, GOsC, GPhC, HCPC, NMC, SWE | |
| Regulator |  |
| Membership/Registration Number |  |
| Membership Status |  |
| Expiry/Renewal Date |  |

|  |  |
| --- | --- |
| **Please give details of any Professional Standards Authority-accredited registration**  e.g. AHCS, RCT, RCCP, UKPHR | |
| Professional Body |  |
| Membership/Registration Number |  |
| Membership Status |  |
| Expiry/Renewal Date |  |

### Education & Professional Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Please list up to five relevant academic and professional qualifications. Please also indicate qualifications currently being undertaken. All qualifications disclosed will be subject to a satisfactory check. | | | |
| Qualification | Grade/Result | Institution | Year obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Skills, 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

**Referee 1**

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Referee Job Title |  |
| Relationship to you |  |
| Organisation |  |
| Contact Number |  |
| Email Address |  |

**Referee 2**

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Referee Job Title |  |
| Relationship to you |  |
| Organisation |  |
| Contact Number |  |
| Email Address |  |

**Referee 3**

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Referee Job Title |  |
| Relationship to you |  |
| Organisation |  |
| 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](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme/recruitment).

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