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| **Future Leaders Programme 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.

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:** |       |
| **Current employer:**  |       |
| **Post funding:** | [ ]  50% Trust / 50% HEE funded[ ]  100% HEE funded |
| **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 to Deputy Dean outlining my personal reason(s) for extension[ ]  Letter in support of extension from Supervisor of Leadership and Management Project[ ]  Letter in support of extension from Head of School of parent specialty[ ]  Letter from a budget holder within employing organisation (for posts which are 50% Trust funded only) confirming funding is available for duration of the extensionFellow’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