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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 extension  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