**Leadership, Learning & Talent Management Prospectus 2021 Application Form**

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| **To be completed by Applicant** | | | |
| **First name:** | | **Surname:** | |
| **Job Title:** | | **Employee No (Essential):** | |
| **Grade:** | | **Does your grade meet the eligibility criteria?**  **Yes/No:** | |
| **Do you have a management responsibility?** | | **What part of the HSE do you work in?** | |
| **The county in which you are based:** | | **Email Address:** | |
| **Mobile No (Essential for contact purposes):** | | **Landline No:** | |
| **Work Address (Essential):** | | | |
| **Area** | **Please Tick** | | **Please name the Division/Programme/HG/CHO/Other** |
| HSE National Division/ National Programme  e.g. Health & Wellbeing,  Health Business Services,  National Cancer Control Programme etc. |  | |  |
| Hospital Group (HG) |  | |  |
| CHO |  | |  |
| Ambulance Service |  | |  |
| Other (please specify) |  | |  |
| **Please select the relevant staff category for you:**  NCHD/Consultant/Dentist  Nursing/Midwifery  Health & Social Care Professional  Environmental Health Officer  Management & Administration  National Ambulance Service  Other (Please state) |  | |  |

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| **Course Title:**  **Course Date: /…../…..** | |
| **I confirm that I have discussed this programme with my line manager and that they have approved my attendance and will facilitate my release on the relevant dates (Yes or No):** | |
| **Does this programme form part of an agreed Performance Achievement (PA) Plan or Performance Development Plan (PDP)? Yes/No:** | |
| **Are you prepared to undertake and attend all modules in full and complete all associated work that goes with the attendance on the programme?** | |
| **If you have any special needs, please inform us in advance so that we can facilitate you on the day:** | |
| **Signature:** | **Date:** |
| **Application Process:**   * **If you cannot attend a programme please notify us as soon as possible so we can offer your place to another staff member.** * **Application forms will not be accepted without a mobile phone number and an email address.**   **You must have email confirmation of your place before you attend a course.** | |

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| **To be completed by Line Manager (Essential to application)** | |
| **Name:** | **Job Title:** |
| **Phone Number:** | **Grade:** |
| **Email Address:** | |
| **Contact Address:** | |
| ***Please describe how this course satisfies the applicant’s learning and development needs and supports service delivery and why you support the applicant’s attendance:*** | |
| **Signature:**  **Date:** | |