**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 Programmee.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/DentistNursing/MidwiferyHealth & Social Care ProfessionalEnvironmental Health OfficerManagement & AdministrationNational Ambulance ServiceOther (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:** |