**HEE-SW sponsored HLA IL1 Application Form 2022/23**

**It is important to read the Guidance and Process before completing this form.**

Please complete this form in its entirety using the guidance notes. If you are submitting any additional sheets, please indicate on the top of each sheet your GMC number and training programme. Please also complete and sign the authorisation form which will only be used if your application is successful.

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| **Section 1 – Personal details** | | | |
| **The information provided in section 1 will be used to correspond with you about your application, therefore please ensure that we have the best contact details for you\*.  It does not form part of the application and decision and will not be shared with the Funding Panel.** | | | |
| **Applicant surname\*:** |  | | |
| **Applicant forenames\*:** |  | | |
| **GMC Number:** |  | **NTN Number:**  *(where applicable)* |  |
| **Preferred email address for communicating with you\*:** |  | | |
| **Mobile number\*:** |  | | |
| **Postal address\*:**  *(including postcode)* |  | | |
| **Please give details of your ethnicity:** (Please leave blank if you prefer not to answer) | |  | |
| **Are you considered an oversees Postgraduate Doctors in Training (DiT) – ie require a Tier 2 visa to work in the UK** | | Yes / No | |
| **Do you consider yourself to have a disability as described under the Equality Act 2010** | | Yes / No / Prefer not to answer | |
| **Please confirm your working arrangements:** | | Less Than Full Time / Full Time | |
| **Please indicate your gender:** | | Male / Female / Other / Prefer not to answer | |

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| **Section 2 – Current training details and professional and academic qualifications** | | |
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| **Current training programme:** |  | |
| **Current training grade:** | CT  ST  GPST  Academic in training post | |
| **Current training year:** | 1  2  3  4  5  6  7 | |
| **Current training post:** |  | |
| **Current employer:** |  | |
| **Anticipated completion date of CCT:** | | /     / |

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| **Section 3 – Funding requirements** |

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| **Has a place already been secured on this course?** (Funds will not be released until the Postgraduate Medical Education office receives confirmation of this) | | Yes / No |
| **Have you attached evidence of your place on the course?** (e.g. a letter from the provider accepting your application to start on the course or offering you a placement) | | Yes / No |
| **If no evidence, please provide reason:** |  | |
| **Have you applied for or will you receive other funding towards this course?** | | Yes / No |
| **Where will the funding come from/ who will provide the funding?** |  | |
| **How much funding have you requested/are expecting?** | | £ |
| **Have you been awarded a bursary from South West Postgraduate Medical Education Deanery (Peninsula/Severn) in the last 12 months?**  Yes  No  (Please delete as applicable)  **If ‘Yes’, please detail the course name and funding award dates:** | | |

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| **Section 5 – Applicant submission** |

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| **Training programme at start of course year:** |  | |
| **Employer at start of course year:** |  | |
| **Post occupied at start of course year:** |  | |
| **Is this qualification included within your Personal Development Plan (PDP)?** | | Yes / No |

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| **Please can you describe your current commitment to leadership development in Postgraduate Medical Education and your reason for applying for this sponsored certificate.**  (approx. 250 words) |
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| **Why do you believe you would be suitable for this HEE-SW sponsored HLA IL1** **Certificate?**  (approx.250 words) |
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| **How will you use this qualification to support the wider NHS?**  (approx. 250 words) |
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| **Section 6 - Declarations** |

**NB:** This application form will not be considered without the relevant supporting documentation or signatures. Please ensure all relevant signatures/supporting emails have been obtained prior to submitting this application form. Any supporting emails MUST be attached.

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| **I, as the DME/ TPD / Education Supervisor** for this DiT, support this application and confirm that this qualification:   * is detailed within their PDP; * will benefit the DiT’s medical career; * will benefit the local NHS. * the DiT meets the required level of fluency in the English language | |
| **Full Name** (in CAPS): |  |
| **Employer** (in CAPS): |  |
| **GP Practice** (if required): |  |
| **Contact email address:** |  |
| **DME / TPD/ Educational Supervisor signature:**  (Delete as applicable) | (An email from the DME, TPD or ES in support of this application will be accepted in place of a wet signature) |
| **Date signed/date of supporting email:**  (Supporting email must be attached to application) | /     / |

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| **I, the DiT,** confirm that that:   * The information provided in this application is true and accurate. * I have read and understood the HLA application and award process. * I agree to pay my contribution of the course fee for the year of application direct to the Healthcare Leadership Academy. * I understand I may be requested to repay any funds awarded to me should I fail to complete the funded element of the course or defer the course without notification to the Bursary Team, HEE. * I have declared all sources of funding. * I understand that any sponsorship or funds received from another provider/source (including non-NHS sources), for this course, will invalidate this application and I will reimburse the funds awarded to me to the Postgraduate Medical Education office. * I am/will not be Out of Programme (excluding OOPT) during the year for which I am applying for funding. * I will be employed in an NHS organisation in the South West region during the year for which I am applying for funding. * I did not receive outcome 2 or 3 at my most recent ARCP in my last clinical attachment / placement **OR** my TPD/HoS has provided additional comments on my most recent ARCP * I will not CCT during the year for which I am applying for funding. | |
| **Full name** (block capitals): |  |
| **DiT signature:** | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* |
| **Date signed:** | /     / |

***Please return the completed application by 5pm on 12th June 2022 to:***

[***bursary.sw@hee.nhs.uk***](mailto:Penbursary.sw@hee.nhs.uk) ***with the subject heading; HLA Application.***

**GDPR authorisation.**

Dear Applicant

In the past we have had difficulty sharing relevant information with the course provider when a DiT has applied and secured a place on the course. This is owing to Data Protection.

We require signed consent from an applicant to enable a Deanery representative administering the application and funds to communicate with the relevant course provider regarding the application process and our financial contribution.

**Please complete the information and sign below for the Deanery to receive and request information relating to the course and course payment.**

Thank you

To the Healthcare Leadership Academy

Health Education England will be sponsoring part of my tuition fees for the **HLA IL1** **Certificate** academic year 2022-2023

I (name in block capitals): ……………………...............…………………….…………… Student number: ……………..……………….. (if known)

I give permission for a PGMDE Southwest Deanery representative, supporting the application process and financial contribution, to have access to any requests for information relating to the course and the tuition fees.

Signed: …………………..……………..…… Date: ………..…………………



**HLA Fund Scoring Framework 2022/23**

**Scoring Matrix**

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| **Sections 5 Funding Requirements and Eligibility** | |
| **4** | * **Answer exemplary with extra evidence, extra qualifications/relevant experience, leadership experience.** |
| **3** | * **Answer good with some examples, extra qualifications/relevant experience, leadership experience.** |
| **2** | * **Answer adequate** |
| **1** | * **Answer poor with little supporting evidence.** |

**Funding Award process**

All applications will be ranked on their score by the Funding Panel.

A Bursary will be awarded to the top highest scored applications.

If an application has scored highly but there are insufficient funds available to support the application in its entirety then the Funding Panel can award part of the required funds, this will be made known to the applicant by way of letter.

All applications will be date stamped and timed on receipt and funds may be determined on a first come first served basis if there are multiple high scores and insufficient funds.

The decision of the Panel is final.

**For office use only:**

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| **Section 3 - Received funding within the last 12 months** | |
| * **Has secured a place with the provider and evidence provided** | **Y/N/Pending** |
| * **Has submitted an application to the provider and evidence provided** | **Y/N/Pending** |
| * **12mths** | **Y/N** |
| **Section 5** | |
| * **Scores awarded by panel – see previous page** |  |
| **Section 6 Declarations** | |
| * **Have all sponsors signed the application form or provided support via email** | **Y/N** |
| **GDPR authorisation Form** | |
| * **Has the GDPR authorisation Form been signed and returned** | **Y/N** |
| **Eligibility Criteria** | |
| * **Outcome 1 in latest ARCP or supporting statement from TPD/HoS** | **Y/N** |