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| **Health Service Leadership Academy** |
| **Professional Diploma in Strategic Transformational Leadership in Healthcare Senior Line Manager Supporting Statement** |

***This form is to be completed by the applicant’s senior line manager.***

***Please note that applicants are entitled to see the contents of this statement.***

***Applicants from CHOs also require sign-off by their Chief Officer (or designate).***

***Please type directly onto the form.***

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| **Applicant’s Name** |  |

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| **Senior Line Manager Details** | |
| **Title (Mr, Mrs, Ms, Dr)** | |
| **First name** | **Surname** |
| **Job title** | **Grade** |
| **Organisation** | |
| **Email address** | **Contact phone number** |
| **How long have you known the applicant?** |  |
| **In what capacity are you supporting and authorising this application?** |  |

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| **Suitability of Applicant** |
| **In what way does this programme meet the development needs and aspirations of the applicant?** |
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| *Max 150 words* |

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| **Benefits** |
| **What benefits will be gained for your organisation and its patients and service users through this applicant participating in the Professional Diploma in Strategic Transformational Leadership in Healthcare?** |
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| *Max 150 words* |

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| **Declaration and Consent** |

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| **Programme Commitment** |
| I understand that the programme requires participants to make a commitment of at least ten hours per week to programme work, and it is up to each person to fit this into their own lives. It is likely that most of this will be undertaken in participants’ own time. However, as the programme has a strong focus on the practical application of new learning, they are strongly encouraged to practice developing their range of leadership behaviours in their own workplace. Accordingly, should the applicant be successful I agree to support them in fully participating in the programme.  I understand the programme is currently being delivered virtually, with the exception of the programme assessment day which will take place face to face. Should it be decided that any other elements of the programme will take place face to face participants will be advised accordingly.  I understand that attendance is mandatory at four residential sessions totalling a minimum of 7 days over the 6 months of the programme and a minimum of 3 days at peer learning circle meetings throughout the programme. I understand that time spent at residential workshops and action learning set meetings, also individual tutorials and group tutorials (both approx. 1 hour in duration) should be treated as time spent at work. I understand the attendance requirement continues to apply whether these elements are delivered virtually or face-to-face.  Given the nature of the applicant’s work role and tasks I confirm that it would be feasible for them to meet the commitments and requirements above and that I will provide the necessary support for them should their application be successful. |

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| **Travel and Subsistence Arrangements** |
| If the programme is delivered in person in the future, participants may incur travel and subsistence costs associated with attending residential and face to face components of the programme. Where this arises it must be paid directly by participants themselves and then recovered through normal local Travel and Subsistence procedures. In this respect it will be necessary for arrangements to be put in place to allow participants to submit their claims through my own local Travel and Subsistence process. I understand that the Health Service Leadership Academy is not in a position to refund other areas of the HSE, or external agencies for costs incurred in this regard. |

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| **Data Protection** |
| By completing and signing this senior line manager supporting statement I acknowledge that my personal data (as defined in the Data Protection Acts 1988 to 2018, as may be amended from time to time, and the General Data Protection Regulation [‘Data Protection Law’]) will be held and processed by the Health Service Leadership Academy (and, where appropriate, its partners) for the purposes of administering the application of my staff member. I understand that the Health Service Leadership Academy (and, where appropriate, its partners) have a legitimate interest in processing my personal data for the purposes of selection of participants for Health Service Leadership Academy programmes and the operation of Health Service Leadership Academy programmes and will process my personal data in accordance with the Data Protection Law and other regulatory obligations. |

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| **Communication** |
| I understand that the Health Service Leadership Academy may use the contact details provided by me to contact me regarding this application and other matters in relation to Health Service Leadership Academy programmes and the operation of Health Service Leadership Academy programmes. |

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| **Signature** | |
| I confirm that I have read, understand and agree to what is set out in this form and in the programme application form. | |
| **Print name** |  |
| **Signature** |  |
| **Date** |  |

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| **Additional Sign-off for Applicants from Community Healthcare Organisations (CHOs)** | |
| Applicants from CHOs also require sign-off of their application by their Chief Officer (or designate) prior to submitting their application to the Health Service Leadership Academy. | |
| **Print name of Chief Officer (or designate)** |  |
| **Signature of Chief Officer (or designate)** |  |
| **If designate please print Job Title** |  |
| **Date** |  |