**National Coaching Service**

**Coaching Application Form**

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| Part 1: Individual/Team Coaching |
| Is this request for Individual or Team Coaching:Individual Employee[ ] Team [ ]  |
| Part 2: Organisation |
| Individual/Team is Employee of: Please select from list:Other Details: [Click here to enter text] |
| Part 3: Individual Contact Details |
| Name of Employee: [Click here to enter text] |
| Job Category: Please select from list: | **Title / Grade: [Click here to enter text]** |
| Work Address: [Click here to enter text] |
| Telephone: [Click here to enter text] | **Mobile: [Click here to enter text]** |
| Email: [Click here to enter text] |  |
| Part 4: Team Contact Details |
| Name of Team Contact Person: [Click here to enter text] |
| Job Title: : Please select from list: |
| Work Address: [Click here to enter text] |
| Telephone: [Click here to enter text] | **Mobile: [Click here to enter text]** |
| Email: [Click here to enter text] |  |
| Team Job Category: Please select from list:  | **Grade Range of Team: [Click here to enter text]** |

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| Part 5: Service Area *[please make a selection from each column]* |
| [ ]  Acute Services  | [ ]  RCSI Hospital Group [ ]  Dublin Midlands Hospital Group [ ]  Ireland East Hospital Group [ ]  South/South West Hospital Group [ ]  Saolta (West/North West Hospital Group) [ ]  University of Limerick Hospital Group [ ]  Children’s Hospital Group | [Select Hospital][Select Hospital][Select Hospital][Select Hospital][Select Hospital][Select Hospital][Select Hospital] |
| [ ]  Community Health Organisation  | [ ]  CHO 1[ ]  CHO 2 [ ]  CHO 3 [ ]  CHO 4 [ ]  CHO 5 [ ]  CHO 6 [ ]  CHO 7[ ]  CHO 8[ ]  CHO 9 | [ ]  Communications[ ]  Finance[ ]  Health Business Services[ ]  Human Resources[ ]  ICT[ ]  Internal Audit[ ]  Mental Health[ ]  Primary Care[ ]  Social Care (Disability Services)[ ]  Social Care (Older Persons)[ ]  Other – Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  National Services  | [ ]  National Ambulance Service [ ]  National Cancer Control Programme[ ]  National Drug Treatment Service [ ]  National Forensic Mental Health Service[ ]  Other - *Details:*[Click here to enter text] | [ ]  Ambulance Base \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Communications[ ]  Finance[ ]  Health Business Services[ ]  Human Resources[ ]  ICT[ ]  Internal Audit[ ]  Other – Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Corporate Services  | [ ]  Acute (Corporate) [ ]  Clinical Programmes [ ]  Communications (Corporate) [ ]  CEO’s Office [ ]  Finance (Corporate)[ ]  Health and Wellbeing (Corporate) [ ]  Health Business Services (Corporate)[ ]  Human Resources (Corporate) [ ]  Internal Audit (Corporate)[ ]  Mental Health (Corporate) [ ]  Office of the Chief Information Officer[ ]  Primary Care (Corporate) [ ]  Quality Assurance & Verification [ ]  Quality Improvement Division [ ]  Social Care (Corporate)[ ]  Strategy and Planning [ ]  Other - *Details:*[Click here to enter text] | [ ]  Communications[ ]  Finance[ ]  Health Business Services[ ]  Human Resources[ ]  ICT[ ]  Internal Audit[ ]  Other – Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Part 6: Coaching Request Information |
| Primary reason for requesting Coaching: [What best describes your primary reason for applying for Coaching?]Other (Please specify): [Click here to enter text] |
| Secondary reason for requesting Coaching: [What best describes your secondary reason for applying for Coaching?] Other (Please specify): [Click here to enter text] |
| Where did you hear about Coaching? [Click here to enter text]Other: [Click here to enter text]  |
| Type of Referral: [Please select from list] |
| Are you applying for Coaching as a result of attending an education programme? Yes [ ]  No [ ] If yes, please specify the name of the education programme (e.g. Leading Care I, Leading Care II, etc.) [Click here to enter text]  |
| How will Coaching help you to add value to your team/service users? [Click here to enter text] |
| Have you previously availed of the HSE Coaching Service? Yes [ ]  No [ ] If yes, please advise of outcome/your experience: [Click here to enter text]  |
| If you know the name of your preferred coach please advise: [Click here to enter text]  |
| As Coaching is primarily provided over the phone, please advise us if you have any visual, hearing or other requirements: [Click here to enter text] |

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| Part 7: Line Manager Information *(It is not compulsory for your line manager to be informed of your coaching application or*  *complete this section. However, if you are informing your line manager of your application, you may wish them to complete* *this section.)* |
| Line Manager Name: [Click here to enter text] |
| Line Manager Telephone No: [Click here to enter text] | **Line Manager Email: [Click here to enter text]** |
| Line Manager supporting comments: [Click here to enter text] |
| Part 8: Budgetary Provision for Travel *(Coaching sessions are primarily provided via phone/MS Lync/Skype. Please note in such circumstances there is no cost involved and you do not need to complete this section. However, if you require face to face coaching the coachee must travel to the coach and you must have budgetary approval from your line manager for your travel costs. In this instance you will need to complete this section.)* |
| Do you have budgetary provision for travelling costs i.e. when Coachee needs to travel to Coach? Yes [ ]  No [ ]  |
| Name of Budget Holder: [Click here to enter text]  |
| HSE Title of Budget Holder: [Click here to enter text] |
| Authorisation of Budget Holder (Signature):  |
| Part 9: Consent |
| Data ProtectionBy signing and submitting this application form I acknowledge that my Personal Data (as defined in the General Data Protection Regulation (GDPR) and Data Protection Acts 1988 – 2018) will be held and processed by the HSE Human Resources National Coaching Service for the purposes of administering this application form. Your Personal Data will be retained in accordance with the Data Protection Law and any relevant HSE policy.I also understand that any sensitive personal data included on the application form, as provided by me, will also be held and processed for the purposes of administering this application form and will be shared with your assigned coach. Your sensitive personal data will be retained in accordance with Data Protection Law and any relevant HSE policy.  |
| Part 10: Signature |
| Applicant Signature:  |
| Date of Application: [Click here to enter a date] |

**Completed form to be returned to:**

**Email:** hr.nationalcoachingservice@hse.ie

**Post:** National Coaching Service, Leadership, Learning and Talent Management, HR - Capability and Culture,

Health Service Executive**,** Bective Street, Kells, Co. Meath, A82 NX32

**Queries:** Tel: 046 - 9251340