|  |
| --- |
| **Health Service Leadership Academy** |
| **Professional Diploma in Strategic Transformational Leadership in Healthcare\* Application Form** |

***(Please type directly onto the form and please complete all sections of the form.)***

|  |  |
| --- | --- |
| **About You** | |
| **Title (Mr, Mrs, Ms, Dr)** | |
| **First name** | **Surname** |

|  |
| --- |
| **Contact Details** |
| Please ensure the contact details you provide are accurate and up to date.  Please ensure the contact details you provide enable you to be easily contactable at all times and that you have regular access to them. |
| **Email address** |
| **Phone number** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | | | | |
| **Please list your academic qualifications with the most recent first** | | | | |
| **Qualification** | **Awarding body** | **Date obtained** | **Final Result** | **Amount of Funding Received**  **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Subject to Validation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please provide details of any previous leadership/management development programmes undertaken:** | | | | |
| **Programme Name** | **Provider** | **Date Completed** | **Award**  **(if relevant)** | **Amount of Funding Received**  **(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Role** | | | |
| **Your current job title** | | **Grade** | |
| **Type of role (max 10 words)** | | | |
| **Department** | | | |
| **Do you provide direct patient care?** | | | |
| **Number of years in your current role** | **Total number of years in your organisation** | | **Total number of years in the Irish health service** |

|  |
| --- |
| **Area of Work** |
| Please select your area from the following list:   |  |  |  | | --- | --- | --- | | **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 |  |  | | CHO |  |  | | Ambulance Service |  |  | | Other (please specify) |  |  | |
| **Full name of your work organisation** |
| **Address of your physical work location** |
| **County in which you are based** |
| **If based in Dublin, please provide the postal district e.g. Dublin 3, Dublin 10 etc** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Experience over the last 10 years**  **Please start with your most current role and work backwards.**  **(Please add additional rows if needed)** | | | |
| **Organisation name** | **Job title** | **Employment Dates (From – To)** | **Description of the Responsibilities** |
|  |  |  |  |
| **Organisation name** | **Job title** | **Employment Dates (From – To)** | **Description of the Responsibilities** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Roles held more than 10 years ago. Please list the roles held by you starting with the most recent and working backwards.**  **(Please add additional rows if needed)** | | |
| **Organisation name** | **Job title** | **Employment Dates (From – To)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Reasons for Applying** |
| **Personal statement**  Your personal statement is an important part of your application. Your personal statement should achieve two things,  1. convincingly set out why you should be offered a place on the programme and  2. make the case for why now is the right time in your career to do this programme.  The word limit is 500 words. To support us in reviewing your application for suitability and eligibility, we would strongly encourage you to make full use of the word count.   |  | | --- | |  |   *Max 500 Words* |

|  |  |
| --- | --- |
| **Professional Diploma in Strategic Transformational Leadership in Healthcare Terms and Conditions** | |
| By signing this form, you, the applicant confirm that you have read and agree to the terms and conditions of this document:   1. I am an employee of the HSE, TUSLA, a Section 39 hospice or a body which provides service on behalf of the HSE under Section 38 of the Health Act 2004; 2. I meet the suitability criteria as set out in the Applicant Guide; 3. I understand that the programme is currently being delivered virtually. Residentials and any other face to face components will now happen virtually until further notice. Should it be decided that any elements will take place face to face I will be advised accordingly. However; for now all aspects of the programme will take place virtually; 4. I fully understand the time and commitment needed to successfully complete the programme as outlined below and that the programme is a continuous process. Missing any element of the programme breaks the experiential development process. I agree that if I am accepted on the programme I will attend all events including residential sessions and action learning sets:    * Required study time: At least 10 hours on average per week,    * Residential sessions: 4 residential sessions totaling a minimum of 7 days over a circa 6 month period,    * Peer Learning Circle days: A minimum of 3 days over a circa 6 month period; 5. I understand that the final decision on whether a candidate is eligible for the programme will be made by the IMI Registrar (after consultation with the Programme Directors). I understand that the provision of participant places on the programme or otherwise, is at the absolute discretion of the Health Service Leadership Academy and decisions made by the Health Service Leadership Academy in this regard are final; 6. I understand that in order to maximise the learning within each cohort of the programme, the Health Service Leadership Academy will seek to create the best possible mix of participants from eligible applicants. This will include having a mix of clinical and non-clinical participants, a mix of disciplines and professions and a mix of locations and types of health service organisations. In striving to achieve a strong mix for each cohort, this may result in some eligible participants not being offered a place on the next cohort. In these circumstances and in the event of oversubscription, a waiting list will be established for eligible participants to whom places may be offered on a subsequent cohort; 7. I understand that incomplete applications or those received after the closing date will not be considered.   **I confirm that I have read, understand and agree to the above terms and conditions.**  **I hereby submit my application for the Professional Diploma in Strategic Transformational Leadership in Healthcare. I declare that the information given by me on this form is true and correct to the best of my knowledge.** | |
| **Print name** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| **Consent** |

|  |
| --- |
| **Data Protection** |
| 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 (‘collectively, data protection law’) will be held and processed by the Health Service Leadership Academy (and with the Health Service Leadership Academy’s partners) for the purposes of administering this application form and, where relevant, to the administration of my participation in Health Service Leadership Academy programmes. I understand that my personal data will be processed in accordance with data protection law and other regulatory obligations.  In the event that I am not accepted to participate in one of the Health Service Leadership Academy’s programmes, the Health Service Leadership Academy may offer me the opportunity to participate in alternative training and development opportunities that correspond to my skills, training and experience. |

|  |
| --- |
| **Communication** |
| I understand that the Health Service Leadership Academy may use the contact details I have provided in this form in order to contact me regarding this application, the application process outcome and other matters in relation to the Health Service Leadership Academy events and programmes.  I understand that I may also be contacted by the Irish Management Institute’s Registrar or the Programme Directors or a member of the Health Service Leadership Academy team if clarification is required on any aspect of my application. |

|  |  |
| --- | --- |
| **Signature** | |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Application Checklist** | |
| I confirm I have read the Applicant Guide  *Download the**Applicant Guide**from our website (*[*www.healthserviceleadershipacademy.ie*](http://www.healthserviceleadershipacademy.ie)*)* |  |
| Provided a completed Senior Line Manager Supporting Statement  *The Senior Line Manager Supporting Statement can be downloaded from our website, completed and signed by your senior line manager and submitted with your application* |  |
| Signed both the Terms and Conditions and the Consent Form |  |

**Please return your completed application form and all documents as outlined above by email to** [**leadershipacademyhse@imi.ie**](mailto:leadershipacademyhse@imi.ie)**.**

**Closing date: 5pm on Friday 20th May 2022.**

**Incomplete applications or applications received after the closing date will not be considered.**

**Applicants can only apply for one of the Health Service Leadership Academy programmes. The Health Service Leadership Academy will not accept more than one application per person.**