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| **Experiential Leadership Academy**  **Deciding Level Criteria for Application** | |
| **Name** |  |
| **Department** |  |
| **Role** |  |
| **Line Manager** |  |
| **Time in Current Role** |  |
|  | **Yes/ No/ N/A** |
| 1. Are you currently undergoing any HR investigation/ procedure or on a promoting attendance at work?   *If yes, please discuss with your line manager before proceeding* |  |
| 1. Have you had a Stay and Grow Conversation?   [Stay and Grow Conversations](https://services.nhslothian.scot/nursingandmidwifery/stay-and-grow-conversations/)  *Please consider this before applying* |  |
| 1. Do you have a substantive post in or are line managed within a Nursing & Midwifery Service in NHS Lothian? |  |
| 1. If a registered nurse/ midwife, have you been qualified for more than 18 months? |  |
| 1. For all applicants: Have you worked in your current role for more than 12 months? |  |
| 1. Have you discussed this with your line manager and identified a Deciding level opportunity as part of 1:1/ Appraisal/ PDP? |  |
| 1. Have you identified a department/ role for a deciding level opportunity? Where? |  |
| 1. Have you completed your mandatory/essential learning? |  |
| **If you have answered yes to questions 3-8 ask your line manager to complete the following supporting statement and proceed to application** | |

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| **Experiential Leadership Academy**  **Deciding Level**  **Line Manager Supporting Statement** | |
| **If approached by staff member and application cannot be supported please discuss with them, and consider signposting your staff member to:** [Stay and Grow Conversations](http://intranet.lothian.scot.nhs.uk/Directory/NursingMidwifery/StayandGrow/Pages/default.aspx) | |
| Please provide a statement below in support of this application for a Deciding Level Opportunity.  (Summarise any discussions had with candidate/ why you support this opportunity and confirm they are not currently under any HR procedure/ or promoting attendance at work. Please share any relevant resonable adjustments in place) | |
| How long a placement can you support?  (Suggestion between 1-4 weeks) |  |
| When can this be supported? |  |
| Staff Member Signature |  |
| Line Manager Name |  |
| Designation |  |
| Line manager signature |  |
| Date |  |