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| **Experiential Leadership Academy** **Deciding Level Application Form**  |
| **Name** |  |
| **Email** |  |
| **Department/ Site** |  |
| **Role** |  |
| **Line Manager’s name** |  |
| **Criteria for application** | Are you undergoing any HR investigations / procedures or promoting attendance at work? *If yes, please discuss with your line manager before proceeding.* |
| **Confirmation of meeting criteria for application** | 🞏 Substantive post 🞏 RN/RM – qualified for >18 months🞏 In current post > 12 months 🞏 Mandatory/Essential training up to date🞏 Application discussed during appraisal/PDP with line manager |
| **Summary of current roles/ responsibilities** |  |
| **Previous roles/ experience** |  |
| **Any relevant qualifications for placement?** |  |
| **Any other relevant information (i.e. published work)** |  |
| **Career aspirations/ special interests**  |  |
| **Areas of interest for Deciding Level opportunity**  |  |
| **Clear aims/ objectives for opportunity** |  |
| **Time frame agreed with line manager**  |  |
| **Do you have any reasonable adjustment requirements?** |  |
| **Date** |  |
| **Applicant’s signature** |  |

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| **Experiential Leadership Academy****Deciding Level** **Line Manager Supporting Statement** |
| **If approached application cannot be supported please 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. 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** |  |