NHS Leadership Academy

Graduate Management Training Scheme:

Action Learning Set Facilitator Development Programme- Cohort 5

The personal development gained through this programme is, in greater part, achieved by participants actively facilitating an Action Learning Set of in-service Graduate Management Trainees. Therefore any potential withdrawal part way through, for any reason other than significant extenuating circumstances, would have considerable impact upon this critical element of the trainees own development programme.

We would therefore ask that full consideration is given to this when signing these terms and conditions.

I, ……, therefore confirm that I and my line manager sign up to the total time commitment required for the purposes of my participating in the development programme, as described below.

- My manager verifies this by their signature at the end of this letter – 'support' meaning that I have their full agreement to attend **all** of the elements of the programme over the 2-year period, which consist of:
    - 3 days initial development and orientation
    - 9 days of lead facilitation of set meetings
    - 6 days of 'buddy' observation of set meetings
    - 7 days of peer supervision set meetings
    - 2 days of study leave, one for each year
- I commit to completing all learning activity associated with the programme, including all assignments as required
- All costs associated with the delivery of the programme will be met by the Academy; to include all associated expenses incurred (in accordance with the NHS Leadership Academy expenses policy)
- I understand that, if I move jobs during the programme that:
    - this does **not** constitute extenuating circumstance for withdrawal
    - I must make the new organisation and my new line manager aware of my continuing commitments to the programme their responsibilities and liabilities **before** accepting the employment
    - I must resubmit a new supporting statement and counter signature from the new organisation outlining support for my continued involvement
    - The information given is accurate to the best of my knowledge

Name of applicant:
Signature:

Date:

Name of line manager*:
Signature:

Date:

**Must be the person who has the appropriate level of financial authority to sign this off and be able to agree your study leave/absence from work in the meeting of the development programme commitments.*