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| 1. **NOMINATION PROCESS**
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This form is for candidates aspiring for their first board/governing body level role, typically in a provider, commissioning or system setting.

Candidates aspiring for any other board level role will be able to submit nominations later in the 2019/20 year and organisations will be informed once nominations can be submitted. Please note that if you are already operating at board level and wish to join the Aspire Together Talent Pools, a separate process will also be available later in the 2019/20 year, and further details will be communicated to organisations at that time.

**To submit your nomination please complete the following:**

* **Complete Part A** (Personal Details, Nominated Senior Leaders details, nomination route and confirmation from your CEO/AO/Regional Director).
* **Complete Part B** (Your career history and selection questions). If invited for interview this section will be shared with your assessment panel and forms part of your assessment evidence.
* Hold a career / talent conversation using your organisation’s talent management processes and tools or, those produced by the Leadership Academy with your ‘Nominated Senior Leader’. This person should be a board/governing body director.
* Consider your skills, knowledge and experience against the [Success Profile](https://www.leadershipacademy.nhs.uk/aspiretogether/nominate) such that where possible you can both agree you are ready to be assessed for a board/governing body level role. Please note that we do not expect you to have all of the competencies and experiences listed in the Success Profile and understand that we need different styles and types of leadership. We'll be looking for those who understand the board / governing body director role, have a good range of experience and demonstrate a range of strengths in the competencies.
* Candidates must be operating at one below board level or equivalent and not be subject to any current/ongoing performance, grievance or disciplinary discussions.
* Your CEO/AO/Regional Director, if from an Arm’s Length Body (ALB), should confirm that you are operating at one below board level or equivalent and not involved in any ongoing performance, grievance or disciplinary discussions. If self-nominating, we will confirm this on your behalf with your nominated CEO/AO/Regional Director as appropriate.
* Submit the completed forms to aspire.togethernorth@nhs.net by **6th January 2020.**  Please be aware it is your responsibility to ensure this deadline is met.
* Complete and return your Equal Opportunities Monitoring Form directly to aspire.togethernorth@nhs.net by **6th January 2020.** This form is not mandatory to complete however the information you provide will help us to monitor progress towards achieving senior leadership teams which are representative of the population we serve.
* Please read the Privacy Policy and Terms & conditions, signing your agreement once you have completed the form and when happy to do so.
* Assessment dates are detailed below, and we would ask that you hold these times in your diary until we can confirm your assessment date and time. Candidates will only need to attend **ONE** of these dates. We expect to confirm your assessment date by the 1st February 2020.
	+ **25th February 2020**
	+ **26th February 2020**
	+ **12th March (Future Focused Finance nominations)**
	+ **13th March (Future Focused Finance nominations)**
	+ **24th March 2020**
	+ **25th March 2020**

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| 1. **PRIVACY NOTICE AND TERMS AND CONDITIONS**
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You can find an up to date version of the Privacy Policy here: [**https://improvement.nhs.uk/privacy/**](https://improvement.nhs.uk/privacy/)

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| **STATEMENT** | **YES** | **NO** |
| We would like to keep in touch with you during the assessment process, please tick here to confirm you agree for us to contact you via the contact details provided. | [ ]  | [ ]  |
| We would also like to keep in touch with you during and following the assessment process. This may be to advise of (but not limited to) potential development opportunities and various programmes, workshops, newsletters or networking events which may be of interest to you at either national or regional level. This information will be shared via the contact details provided in this form. Please confirm you are happy to be contacted in this way.  | [ ]  | [ ]  |

1. I confirm that all the information provided in the application form is up to date and accurate.
2. My Senior Nominated Leader has agreed to supply an assessment of me and my abilities and confirms I am able to take part in the Gateway Assessment process.
3. I understand that by applying I am identifying myself as an individual looking for a new role in the NHS or Healthcare Sector which may include NHS Improvement and England, Health Education England or Public Health England.
4. I will attend and partake in all elements of the assessment process and understand that not attending or partaking without agreeing extenuating circumstances with the NHS Leadership Academy could mean that I lose my place to be assessed.
5. I will ensure I provide feedback when asked to do so, recognising that this will help inform future development of the Gateway Assessment Process.
6. If I am assessed as ‘not ready but aspirant’ for the Talent Pool I understand that I can reapply to the Aspire Together Gateway Assessment Process at a later date and once I have closed my development gaps.
7. I acknowledge I cannot defer my application.
8. I understand that I need to make my own arrangements to cover travel costs and subsistence (other than refreshments available at assessment).
9. I agree to advise the Aspire Together team as soon as possible if I am successful at interview elsewhere or if I am no longer looking to join the Talent Pool and that this will result in withdrawal from the process.
10. I understand that my information will be used for reporting purposes as part of the NHS Leadership Academies work.
11. I understand that following assessment my contact information and readiness rating will be shared with the Local Leadership Academies who will provide access to coaching and support.
12. I understand that if at any time I wish my contact details not to be shared I must advise in writing that I do not wish this to happen. Any requests should be made to: aspire.togethernorth@nhs.net
13. I understand my organisation will be advised of my status during the nomination, pre-assessment and assessment outcome stages of this process. This information will be shared unless I specify my reasons in writing to aspire.togethernorth@nhs.net that I wish for this information to be withheld.

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| Name: |  | Date: | \_ \_ / \_ \_ / \_ \_ \_ \_ |
| Signature: |  |

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| 1. **PERSONAL DETAILS**
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 Please complete all sections below.

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| **Name:** |  |
| **Current role:** |  |
| **How would you categorise your current role?** | For example: Operations, Medical, Nursing, Finance, Pharmacy) |
| **What board/governing body director roles would you be interested in applying for?** |  |
| **Pay Band:** |  |
| **Organisation Name:** |  |
| **Email address:** |  |
| **Phone number:** |  |
| 1. **NOMINATION ROUTE**
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Please tell us if your organisation is nominating you or if you are self nominating.

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| **Routes** | **Description** | **Select**  |
| **Organisation Nomination**  | You have been identified through local talent profiling exercises within your organisation and you have had a career/talent conversation with your Nominated Senior Leader.  |[ ]
| **Self-nomination** | You are self-nominating and ideally have had a career/ talent conversation with your choice of Nominated Senior Leader.  |[ ]

 Can you please tell us more about your career conversation?

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| **Career / Talent Conversation Process using:** | **Yes, with Leadership Academy tools** | **Yes, with my organisation’s tools** | **No** |
| **I have had a formal career conversation.** |[ ] [ ] [ ]

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| 1. **NOMINATED SENIOR LEADER DETAILS**
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# If you are invited for assessment your Nominated Senior Leader will be asked to complete pre-work in preparation for your assessment day. Please provide details below so we that we can contact them following invitation to assessment.

Your Nominated Senior Leader will be a board/governing body director or equivalent in an arms length body, and someone who is able to provide evidence on your behalf later in this process.

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| **Name:** |  |
| **Role:** |  |
| **Organisation Name:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Relationship to you:** |  |

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| 1. **CONFIRMATION**
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All individuals require confirmation from their Chief Executive Officer or Accountable Officer. For those working in NHS England and NHS Improvement, Health Education England or Public Health England confirmation is required from your Regional Director.

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| **STATEMENT (please answer all questions)** | **YES** | **NO** |
| **Please confirm you are the Chief Executive or Accountable Officer for your organisation (or Regional Director in ALBs):** | [ ]  | [ ]  |
| **The nominee is currently working at ‘one below’ board or equivalent level:** | [ ]  | [ ]  |
| **The individual is subject to any ongoing performance, grievance or disciplinary discussions:** | [ ]  | [ ]  |
| **Name:** |  | **Job Title:** |  |
| **Signature:** | (desirable but not essential) |

**Nomination Form: Aspirant Directors**

**(Please complete this form electronically)**

**PART B**

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| 1. **CAREER HISTORY**
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Please list below your career history, detailing the **previous 10 years.** Please also include any important experiences outside of work within the last 10 years if relevant to your nomination and aspirations. You should ensure it details the required information from the table below; including key achievements in role, number of people managed, budget managed and size of organisation. If invited for interview, this detail will be shared with your panel in advance.

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| **Role** | **Accountabilities / Achievements***Please include number of people managed, budget managed & size of organisation* | **Organisation** | **Dates (Years)** |
| **From** | **To** |
| *Current role* | *c.100 words* |  | *YYYY* | *Current* |
| *Previous role* | *c.100 words* |  | *YYYY* | *YYYY* |
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| 1. **SELECTION QUESTIONS**
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This information will be used to support understanding of your readiness for entering the Gateway Assessment Process. If invited for interview, this information will be shared with your panel.

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| **Please answer all questions** | **YES** | **NO** |
| **Will the next role you apply for be a director in a provider, commissioning or system setting?** |[ ] [ ]
| **If successful in the gateway assessment process, are you able consider director opportunities within the next six months?** |[ ] [ ]
| **Do you have experience of leading multiple teams or services? This may be through the direct management of multiple teams or through having oversight of a range of different, complex services areas which requires you to influence across multiple teams and groups.**  |[ ] [ ]
| **Have you had exposure to a unitary board governing body (either within or outside of the NHS)?** |[ ] [ ]
| **Please outline your understanding of the role of a director and the transition you will need to make to be successful in the role.**  |
| *Maximum 250 words* |
| **If you have answered ‘no’ to any of the above but feel you are suitable for a director role, please outline why below.**  |
| *Maximum 250 words* |
| **What specific Executive Director career moves are you most interested in (roles, organisation type)?**  |
| *Maximum 50 words* |