**(Please complete this form electronically)**

All executive directors who would like to be considered for entry into the Aspire Together Talent Pool – Existing Directors are asked to complete all relevant sections of this nomination form. We want to ensure that all executive talent inclusively can engage with our executive talent pools.

Please indicate which route best describes your application.

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| 1. **NOMINATION ROUTE**
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| **Routes** | **Explanation**  | **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 line manager who supports your nomination.  |[ ]
| Self-nomination | You are self-nominating and ideally have had a career/ talent conversation with your HR Director or a nominated executive leader of your choice (at CEO/Chair level) who supports your nomination.  |[ ]

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| 1. **NOMINATION FORM COMPLETION**
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Before submitting your nomination please ensure you have:

* Read the Nomination Pack.
* Completed and returned your Equal Opportunities Monitoring Form to aspire.together@nhs.net. This form is not mandatory to complete however information provided will help us to monitor progress towards achieving a diverse and inclusive talent pool.
* Read the Privacy Policy and sign the Terms & Conditions.
* Included a copy of your most up to date CV when submitting this form.

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| 1. **NOMINATION FORM SUBMISSION**
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To complete your nomination, you should complete section 6 with your CEO/AO if organisation nominated, or nominated executive and HRD if self-nominated and return to aspire.together@nhs.net.

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| 1. **YOUR DETAILS**
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| **Name:** |  |
| **Current role:** |  | **Pay band:** |  |
| **Organisation:** |  |
| **Email address:** |  | **Phone number:** |  |

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| 1. **YOUR LINE MANAGER / NOMINATED EXECUTIVE LEADER DETAILS**
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Please provide us with your CEO/AO or nominated executive leader details.

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| **Name:** |  | **Role:** |  |
| **Organisation name:** |  |
| **Email address:** |  | **Phone number:** |  |
| **Relationship to you:** |  |

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| 1. **CANDIDATES CEO/AO OR NOMINATED EXECUTIVE LEADER CONFIRMATION AND SUBMISSION**
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| **This section is to be completed with the CEO/AO if organisation nominated or if self-nominated, with a nominated executive/HRD.** *Please note the nominated executive needs to be operating at Chief Executive or Chair level.* |
| **I can confirm that I have conducted a talent conversation with the nominee.**Name:Role:Signature (desirable not essential) |[ ]
| ***How have you demonstrated that you are ready to move into your next role?*** |
| **In relation to the Success Profile, which competencies have you demonstrated in your current role?** | *Maximum 250 words* |
| **Which competencies from the Success Profile could you develop?** | *Maximum 250 words* |
| ***How do your experiences demonstrate that you are ready to move into your next role?*** |
| **Which experiences from the Success Profile have you gained in your role?** | *Maximum 250 words* |
| ***What are the drivers and motivations for moving into your next role?***  |
| **Provide an example of how you have developed within your current role.** | *Maximum 250 words* |
| **What are you looking to achieve? Is there anything specific you want from your next role e.g. dealing with particular challenges, different environment, opportunity to transform performance.** | *Maximum 250 words* |
| **What support is needed to make this transition?** | *Maximum 250 words* |
| **This section is to be completed by CEO/AO if organisation nominated or HRD if self-nominated**  |
| Please confirm that the following base criteria has been met for this nominee. |
| **Base criteria confirmation** | The nominee has been in post for more than 2 years (unless there are reasonable exceptional circumstances) |[ ]
|  | They are not subject to any ongoing performance grievance, disciplinary process or investigation |[ ]
|  | They meet the Fit and Proper Persons Test |[ ]
|  | They are ready to move to a new Executive Director position within a provider board or CCG governing body in the next six months |[ ]
| **Approval** | Please confirm that you approve of this nomination |[ ]
|  | Name:Role: Signature (desirable not essential) |

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| 1. **PRIVACY NOTICE AND TERMS & 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/)

1. I confirm that all the information provided in the Nomination Form is up to date and accurate.
2. 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 England and NHS Improvement, Health Education England or Public Health England.
3. I understand that by submitting this nomination I am agreeing to be supported by NHS Executive Search to gain my next executive position.
4. My personal data will be kept confidential; however, my name will be known to the Regional Talent Board members should you be ready to be placed within an executive talent pool. (NB – this will be explained in detail following profiling processes).
5. If organisationally sponsored: Your executive sponsor is supportive of your application and will enable you to take part in all elements of the gateway process.
6. If self-nominating: You agree that you are able to attend take part in all elements of the gateway process (e.g. manager support)
7. I will ensure I provide feedback for evaluation purposes when asked to do so, recognising that this will help inform future development of the Gateway Assessment Process.
8. 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.
9. I understand that my information will be used for reporting purposes as part of the NHS Leadership Academies work.
10. 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.together@nhs.net.
11. I understand that the Aspire Together team will be in touch to discuss my application. This will be to discuss some of the information contained within this form and only if we feel that we need more detail from you. This will be via the contact details I have shared in this form or otherwise stated.
12. I understand that I may be contacted during the process and following assessment regarding (but not limited to) potential development opportunities and various programmes, workshops, newsletters or networking events which may be of interest to me in developing my career.

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| **Name:** |  | **Date:** | **\_ \_ / \_ \_ / \_ \_ \_ \_** |
| **Signature:** | **(sign here once you have completed the Nomination Form)** |