## BAME Co-Mentoring Programme 2019/20

**To apply for the BAME Co-Mentoring Programme please complete the below form and return it via email to** [**eastmidlands.leadershipacademy@nottshc.nhs.uk**](mailto:eastmidlands.leadershipacademy@nottshc.nhs.uk) **by 5pm Monday 28th January 2019.**

|  |  |
| --- | --- |
| Name |  |
| Role/ Job Title: |  |
| Band: |  |
| Organisation |  |
| Email: |  |

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| --- |
| Please provide a personal statement of around 500 words supporting your application to the BAME Co-Mentoring Programme. In this please explain:   * Why you would like to be a part of this programme and what you are hoping to get out of it. * Why you are passionate about the inclusion agenda and driving it forward and anything you have done in relation to this agenda previously. * How you will commit to the time required to participate in the programme and the support you will get from your organisation. |
|  |

In order to gain a place on the programme you will need someone from your organisation to sponsor you. Your sponsor will be expected to provide support to you throughout the programme. Please provide your sponsors details below:

|  |  |
| --- | --- |
| Line Manager / Sponsor Name |  |
| Line Manager / Sponsor Role |  |
| Line Manager / Sponsor Organisation |  |
| Line Manger / Sponsor Email |  |

Please read our terms and conditions below and then sign and date along with your sponsor this form to confirm your acceptance.

**Terms, Conditions and Cancellation Policy – Important Please Read**

There is no cost to attend if you are an employee of an NHS organisation based in the East Midlands. However cancellation fees will apply for non-attendance, the fee will be variable depending on the nature of the cancellation.

Our full cancellation policy and terms and conditions can be found here: <http://www.leadershipeastmidlands.nhs.uk/cancellation-policy>

**The applicant**

I am fully committed to attending and participating in all components of the programme if my application is successful. I realise the importance of full attendance. If successful in my application am happy for my contact details to be shared with facilitators and delegates of the cohort.

**YES  NO**

|  |  |
| --- | --- |
| Applicants Signature |  |
| Date |  |

**The line manager / sponsor**

I fully understand the commitment that is required of the applicant and I am prepared to support them throughout the programme.

I have read the cancellation policy outlined at the top of the page and I understand and accept EMLA’s terms and conditions in the event of a cancellation by the candidate.

**YES  NO**

|  |  |
| --- | --- |
| Line Manager / Sponsor Signature |  |
| Date |  |

**What do I do if I want to know more?**

To find out more about this exciting opportunity or to discuss your application in more detail then please contact the East Midlands Leadership Academy on 0115 748 4277 or [eastmidlands.leadershipacademy@nottshc.nhs.uk](mailto:eastmidlands.leadershipacademy@nottshc.nhs.uk)