**Application Form**

**Tomorrow’s Strategic Leader Development Programme**

**Programme Purpose**

‘Tomorrow’s Strategic Leader Programme’ (TSL) will give powerful support to doctors aspiring to senior clinical leadership roles early in their careers. The programme is designed for new consultants, new GPs and exceptional senior trainees who hold the ambition to undertake significant leadership roles alongside their clinical practice. This will address the strong call for more leadership development in the recent Royal College of Surgeons of England trainee survey and is strongly supported by Royal Colleges of Anaesthetists, Obstetrics and Gynaecology, Emergency Medicine and Physicians.

The programme will be informed by the growing evidence base showing a positive association between leadership, team work and clinical outcomes. 24 participants from a range of specialties will explore ways of improving their effectiveness as new consultants and gain significant insights into corporate and system level skills to assist in their aspirations to become senior leaders.

The content by the Faculty of Medical Leadership and Management (FMLM) *Leadership and Management Standards for Medical Professionals[[1]](#endnote-1)* and it is anticipated that successful completion of the programme will help participants to be strong candidates for the award of fellowship of FMLM.

**Section 1: Personal Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| Given names: |  | | |
| Surname: |  | | |
| Personal phone: |  | Personal email: |  |
| Address: |  | | |
| Country: |  | Postcode: |  |

**Section 2: Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty: |  | | |
| Current position: |  | | |
| Organisation: |  | | |
| Department: |  | FMLM Membership No. (if applicable) |  |
| GMC Number: |  | College Membership No. |  |
| Name of Royal College: |  | | |
| Contact Number: |  | Email: |  |
| If you work for more than one organisation please use this space to provide details of the organisation/s (including department, if applicable) and your job title/s. |  | | |

**Section 3: Application of Evidence**

What particular attributes and key achievements do you feel make you a strong candidate for the **Tomorrow’s Strategic Leader Development Programme?**

|  |  |
| --- | --- |
|  | |
| *Word limit: 300 words* | *Word count:* |

**Section 4: Supporting Information**

Using the [FMLM Leadership & Management Standards (2nd Edition)](https://www.fmlm.ac.uk/about-us/what-we-do/professionalising-medical-leadership-and-management/the-leadership-and) answer the following, using evidence to support your statements. You may find your appraisal; multi-source (360) feedback and patient feedback helpful to refer to as evidence.

What leadership development have you undertaken and actioned to date?

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| --- | --- |
|  | |
| *Word limit: 300 words* | *Word count:* |

What interests and challenges you about your leadership development?

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| --- | --- |
|  | |
| *Word limit: 300 words* | *Word count:* |

What would be the tangible benefits to you, your immediate team and wider organisation in undertaking this programme?

|  |  |
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|  | |
| *Word limit: 300 words* | *Word count:* |

Give an example of a current leadership role which will give you the opportunity to practice your learning on the programme. Alternatively, describe a specific project which will give you the opportunity to practice your learning. You will be expected to discuss this in your Action Learning Trios and during the first day of the programme. You may wish to discuss this with your Chief Executive and/or Medical Director prior to the start of the programme.

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| *Word limit: 300 words* | *Word count:* |

**Section 5: Supporting Information Checklist**

Please ensure that the following documentation is attached to your application email:

Up-to-date curriculum vitae (maximum 3 pages) Yes  No

Equal opportunities monitoring questionnaire Yes  No

**Section 6: Declaration of Support**

Please confirm that you have spoken with your senior clinical leader (e.g. Medical Director, CCG Chair, GP Partner) and they support your participation in this programme:

I have the support of my senior clinical lead to participate in this programme Yes  No

**Section 8: Funding**

|  |  |
| --- | --- |
| Method of payment: | Self funded  Organisation funded |
| Payee name: |  |
| Payee address: |  |
| Payee email address: |  |
| If organisation funded, is a PO number required? | Yes  No |

**Section 8: Signature**

|  |  |
| --- | --- |
| Signed (may be electronic signature): |  |
| Name: |  |
| Date: |  |

Please email one copy of your completed application and supporting documentation as PDF files to: [events@fmlm.ac.uk](mailto:events@fmlm.ac.uk)

Please note that data provided on this form will be held and processed by FMLM in accordance with its Data Protection Policy.

1. <https://www.fmlm.ac.uk/about-us/what-we-do/professionalising-medical-leadership-and-management/the-leadership-and> [↑](#endnote-ref-1)