



Clinical Leadership Fellow (ADEPT Programme) 2024|25

Application for Post of: Clinical Leadership Fellow (ADEPT Programme) 2024|25
Closing Date: Monday 19th February 2024

Personal Information			
Title		Forename(s)	
Surname(s)		GMC/GDC Number	
Address		Postcode	
Mobile Telephone		Email Address	
Specialty			
National Insurance Number		Estimated CCT/CCST Date:	
National Training Number		Level of Training on 07 August 2024	
Training time remaining prior to CCT/CCST (WTE)			
Date of last ARCP		Outcome of last ARCP:	
Do you hold a valid driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have access to a form of personal transport which will permit you to meet the requirements of the post?	Yes <input type="checkbox"/> No <input type="checkbox"/>		



Education and Qualifications

Degrees

Degree	Awarding body and date

Other Qualifications

Qualification	Awarding body and date

Membership of Professional Bodies

Please list below (if applicable)



Education and Qualifications

Are you currently or planning to undertake any professional educational courses or qualifications which may require time away from your daily workload during the Fellowship year (2024 – 2025 academic year)? If so please give details including start date, duration, and any associated educational and/or clinical commitments.

(e.g. diplomas, postgraduate courses, PhD, MD etc.)

Please detail below (if applicable)



Details of Employment

Please provide details of all appointments held since graduation (commencing with present post)

Name and Address of Employer	Position Held	Dates From/To (MM/YY)	ARCP Outcome (if applicable)

Eligibility Criteria



Using the Person Specification as a guide, please detail your suitability for the ADEPT Programme. To be considered for interview, you **MUST** address **ALL** essential criteria on the person specification.

**Criterion 1 – Evidence of excellent communication skills, both orally and in writing
(strictly maximum 200 words)**

**Criterion 2 – Evidence of commitment developing expertise in leadership and management
(strictly maximum 200 words)**

Eligibility Criteria



Criterion 3 – Evidence demonstrating good organisational abilities and evidence of proven track record of meeting timescales/deadlines (strictly maximum 200 words)

Criterion 4 – Evidence demonstrating problem-solving skills (strictly maximum 200 words)

Eligibility Criteria



Criterion 5 – Evidence of involvement in Quality Improvement project(s) (strictly maximum 200 words)

Criterion 6 – Evidence of experience and training in medical or dental education for undergraduates and/or postgraduates (strictly maximum 200 words)



Confirmation of Support

Confirmation of Support from Head / Deputy Head of School or Training Programme Director	
I (confirm / do not confirm) that I am in support of this trainee's application to take a period of one year Out of Programme for Experience to undertake a Clinical Leadership Fellowship.	
HOS/DHOS/TPD Signature:	
Name (Print):	
Date:	
Contact telephone number:	
Email Address:	
Support Given:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supporting comments if support is not given:	

Support from your Head or Deputy Head of School or Training Programme Director is essential; applications which do not include this will not be considered.



Declaration and Signature

Please note: As indicated in the OOP Policy *“It is recognised that the ARCP outcome decision may be made only a few weeks before the OOP is due to start. It is not appropriate to take time out from the programme unless training is on track.”*

[NIMDTA OOP Policy](#)

Offers will be conditional pending satisfactory outcome at the ARCP prior to your commencement of the Fellowship.

Declaration and Signature				
I understand and declare that the particulars given are complete and correct to the best of my knowledge. Any candidate found to be providing false information or to have willfully suppressed any information will be liable to disqualification and if appointed, dismissed.				
Signature			Name	
	<i>Signature of the Person Submitting this Form</i>			<i>Name of the Person Submitting this Form (print)</i>
Date of Signature				
	<i>Day</i>	<i>Month</i>	<i>Year</i>	

Return by email to: valuedtrainees@hscni.net by Monday 19 February 2024 at 4:00pm