



**East of England ODN with
Steve Andrews
Healthy Leadership Programme**

Course details
Dates of course applied for:

Applicant details
Full Name (as you wish it to appear on the certificate):

Email address:
Phone number:
Job title:
Ward / department:
Employer name:
Employer address:
Have you previously attended any leadership course? YES / NO If so please give details:

Learning agreement:
I confirm that I have read and understood the programme outline, and by undertaking this programme agree to abide by the guidelines therein. I accept that it is a condition of the employer and the ODN, that I attend all the required study days and undertake to engage fully with the presentations, dialogue and group work.

I understand that I must inform the ODN and my line manager with regard to agreeing leave requests and reporting sickness or absence in order to maintain local reporting. Any non attendance at sessions will be reported to the line manager.

On completion of the programme I agree to engage with the evaluation process. I understand that should I withdraw from the course prior to completion or leave the employment of the East of England ODN during the course the ODN will not issue a certificate of completion, nor have any professional responsibility.
Signature: Date.....

Line managers agreement
I understand the benefits of this training to the candidate. I am aware that I can contact the course team if I have any concerns or any issues with the programme. I understand that the discussions held in the context of leadership on the programme are confidential between the delegates and team.
Signature:..... Date
Full name:.....

Please provide a brief overview of your leadership experiences or responsibilities, and why you would like to do the course.

Please return this form to add-tr.eoeodn@nhs.net

Before 12th January 2023