**Elective Care Essentials Programme A picture containing clipart

Description generated with very high confidence**

**Application form for ‘cancer’ programme***Please note: applicants must be able sign up to the time commitments of the programme, including the associated preparation and coursework and must have senior (typically director) level sponsorship for their application. Participants must have completed the national cancer e-learning tool prior to starting the programme.*

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| **Please indicate the cohort number, start date and location you wish to apply for:** | | | |
| **Applicant name:** | | | **Band of current post:** |
| **Current job role:**  Applicants must have secondary care operational day-to-day responsibility for the management of cancer care services | | | |
| **Trust name:** | | | |
| **Email address:** | | | |
| **Phone number:** | | | |
| **Description of current role.** Please give a brief description of your current role, and how it relates to operational management of cancer services | | | |
| **Line manager name:** | | **Job title:** | |
| **Email address:** | | **Phone number:** | |
| **Director sponsor name:** | | **Director sponsor role:** | |
| **Email address:** | | **Phone number:** | |
| **Reason for application** Please use this section to explain why you wish to apply for the programme, how you think it will support you to undertake your day-to-day role and support your future development. | | | |
|  | | | |
| **Learning area of particular interest or knowledge gap** Please identify three things you would like to learn more about and why | | | |
| **1** |  | | |
| **2** |  | | |
| **3** |  | | |

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| ***Applicant signature*** |  | ***Director sponsor signature*** |  |
| ***Line manager signature*** |  | ***Date of application*** |  |