## **NHS** Graduate Management Training Scheme

## Graduate Management Training Scheme:

Action Learning Set Facilitator Development Programme- Cohort 13

The personal development gained through this programme is, in greater part, achieved by participants actively facilitating an Action Learning Set of in-service Graduate Management Trainees. Therefore, any potential withdrawal part way through, for any reason other than significant extenuating circumstances, would have considerable impact upon this critical element of the trainees' own development programme.

We would therefore ask that full consideration is given to this when signing these terms and conditions.

I, ....., hereby confirm that I and my line manager sign up to the total time commitment required for the purposes of my participating in the development programme, as described below.

- My manager verifies this by their signature at the end of this letter: 'support' meaning that I have their full agreement to attend <u>all</u> the elements of the programme over the 2-year period, which consist of:
  - o 3 days initial development and orientation
  - o 10 days of lead facilitation of set meetings
  - o 6 days of 'buddy' observation of set meetings
  - o 6 days of peer supervision set meetings.
  - o 3 Community days
  - o 2 days of study leave, one for each year.
- I commit to completing all learning activity associated with the programme, including all assignments as required.
- All costs associated with the delivery of the programme will be met by GMTS; to include all
  associated expenses incurred (in accordance with the NHS GMTS expenses policy.)
- I understand that if I move jobs during the programme:
  - o this does not constitute extenuating circumstance for withdrawal.
  - I must make the new organisation and my new line manager aware of my continuing commitments to the programme, their responsibilities, and liabilities before accepting the employment.
  - I must resubmit a new supporting statement and counter signature from the new organisation outlining support for my continued involvement.

I declare that the information given is accurate to the best of my knowledge.

Name of applicant: Signature:

Date:

Name of line manager\*: Signature:

Date:

\*Must be the person who has the appropriate level of financial authority to sign this off and be able to agree your study leave/absence from work in the meeting of the development programme commitments.