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| 1. **Name of ICS within which you work within. Delete as required or if organisation not listed go to Q2. *(Please select below ‘****North East London - Tower Hamlets GP Care Group)*
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|  |  North East London – Tower Hamlets GP Care Group  |
|  | **Practice setting** *Delete as Required*Primary Care Secondary Care Tertiary Care Community Care Pre-hospital care |
|  | **Trainee’s profession** *Delete as Required*Nursing Midwifery Pharmacy Art Therapy Chiropody/podiatry Dietetics Drama therapy Music therapy Occupational therapy Operating Department Practitioner Orthoptics Osteopathy Paramedic Physiotherapy Prosthetics and Orthotics Radiography Speech and language therapy Optometry Other |
|  | **If other please state here.** |
|  | **Specialist training pathway (if relevant)**  *Delete as Required* Acute and General Medicine Children and Young People Critical Care Older People / Frailty Autism and Learning Disabilities Autism Mental Health Community/Integrated Care Ophthalmology Surgical Care Urgent and Emergency Care Musculoskeletal Conditions Neonatal Neurological Rehabilitation Pelvic Health Community - Based Rehabilitation: Healthy Aging Community - Based Rehabilitation: Physical Activity for People with Long Term Conditions End-of-life Care Cancer and Diagnostics / Oncology Cardiovascular Primary Care Public Health Other |
|  | If other please state here. |
|  | Is this a new role? (Yes / No)  |
|  | **Is there an Advanced Practice role on completion of training for this individual?** *Required** Yes
* No
 |
|  | **How will this role map to the Multiprofessional Framework for Advanced Practice?** *Required***Please ensure that the following details taken from the guidance are evident in your response**1. ***Assurance that the Advanced Practice trainees will be provided with supervision over the course of their training adhering to the principles of the HEE Quality Framework, Multi- Professional Advanced Clinical Practice Framework and The Minimum Expected Standards for Supervision for all learners.***
2. ***This should include provision of a suitable workplace-based learning environment and opportunities to gain competence at advanced level across the 4 pillars of advanced practice (clinical practice, leadership/management, research, and education).***
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|  | **How do you anticipate this role will impact service delivery?** *Required*From the NHSE website ( [Advanced Clinical Practice](https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice) )– make reference to the following statements and expand how the role will impact service delivery in your place of work * ***Improving supply to meet service needs – expanding advanced clinical practice routes and developing the levels prior to and beyond this level of practice***
* [***The NHS Long-Term Plan***](https://www.england.nhs.uk/long-term-plan/)***highlights how advanced clinical practice is central to helping transform service delivery and better meet local health needs by providing enhanced capacity, capability, productivity and efficiency within multi-professional teams.***
 |
|  | **Advanced Practice Pathway** *Delete as Required* Apprenticeship MSc MSc Top-up module needed to complete recognised ACP pathway |
|  | **Education Provider - Delete as Required**Brunel University London Buckinghamshire New University City, University of London Kings College London Kingston University St. George's University of London London South Bank University Middlesex University London Queen Mary University London The Royal Marsden School – Cancer Care Advanced Practice University College London University of Greenwich University of HertfordshireUniversity of Roehampton University of West London University of Cumbria Other |
|  | **If other type HEI name here.** |
|  | **Please state the full course title. *Required*** |
|  | **Funding priority is given for full pathways. However if you have selected top-up module needed to complete recognised Advanced Practice pathway, please state title here and academic year it will be undertaken. Funding will only be provided if the modules provide a** **pathway to an MSc in Advanced Practice.** |
|  | **Please state the trainee's expected start date of the course or module *R****equired* **Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.** |
|  | **Please state the trainee's expected end date of the course or module *Required******Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.*** |
|  | Each trainee must have a named, appropriately trained coordinating supervisor who will be able to apply the principles of the Workplace Supervision for Advanced Practice framework. **Please provide the supervisor's name.** *Required* |
|  | **Supervisor's professional group\***NursingMidwiferyPharmacyMedical Doctor e.g.: Consultant, Registrar, GP Art TherapyChiropody/podiatryDieteticsDrama therapyMusic therapyOccupational therapyOperating Department PractitionerOrthopticsOsteopathyParamedicPhysiotherapyProsthetics and OrthoticsRadiographySpeech and language therapyOptometryOther |
|  | **Please could you provide the email address of the supervisor, ensuring consent to be contacted by the faculty has been given.\*** |
|  | **Has the supervisor undertaken any supervision training?** **Yes****No****If Yes, what supervision training has the supervisor undertaken?** |
|  | **Student’s first name:** *Required* |
|  | **Student’s last name** *Required* |
|  | **Please provide the student's NHS email address, ensuring consent to be contacted by the faculty has been given:** |
|  | **Applicant’ Supporting Statement****Please make sure the accompanying statement accurately conveys that you have thoroughly examined and will guarantee that the following requirements have been fulfilled. Please write the statement in the space below:** **(Max 400 words)*** Funding is provided for programmes of accredited academic study for staff who are already registered as nurses, midwives, pharmacists or AHPs to train as Advanced Practitioners.
* This is a specific offer to develop the Advanced Practice workforce. It cannot be replaced by an equivalent offer of funding for other activity.
* The Advanced Practice applicant should be undergoing training in line with the HEE Multi- Professional Advanced Clinical Practice Framework.
* For new Advanced Practice trainees, a full pathway (standard or apprenticeship MSc) should be undertaken rather than single modules.
* Staff supported by this funding must be academically eligible and ready to start a course in the 2023/24 academic year.
* Applicants on Advanced Practice pathways require regular educational and workplace supervision, opportunities for work-based learning across the 4 pillars of Advanced Practice and adequate study leave throughout their educational programmes.
* Workforce planning is essential to ensure the success of Advanced Practice training and reduce the risks of attrition from academic programmes or workforce.
* In order to support organisations with their workforce planning, HEE have developed two Readiness Checklists to assist the employer / supervisor in considering the infrastructure needed to fully support Advanced Practice applicant. Please ensure these are reviewed and considered within this application..

Please provide a concluding statement below to confirm your understanding and assurance that all the requirements of this application have been fulfilled.**Name of Applicant:** **Signature of Applicant:****Date:** **Name of the Practice:****Borough:** |
|  | **Supervisor’s Supporting Statement****Please make sure the accompanying statement accurately conveys that you have thoroughly examined and will guarantee that the following requirements have been fulfilled. Please write the statement in the space below:** **Max 400 words*** Must *identify an appropriately trained supervisor* who will be able to apply the Principles of the Workplace Supervision for Advanced Clinical Practice Framework and the Minimum Expected Standards of Supervision.
* The expectation is that Advanced Practice trainees will be provided with supervision over the course of their training adhering to the principles of the HEE Quality Framework, Multi- Professional Advanced Clinical Practice Framework and The Minimum Expected Standards for Supervision for all learners. This should include provision of a suitable workplace-based learning environment and opportunities to gain competence at advanced level across the 4 pillars of advanced practice (clinical practice, leadership/management, research, and education).
* Must provide sufficient study leave for university training. It should not be expected that Advanced Practice trainees take unpaid or annual leave for dedicated training days.

Please provide a concluding statement below to confirm your understanding and assurance that all the requirements of this application have been fulfilled.**Name of Supervisor****Signature of Supervisor** **Date:** **Name of the Practice:****Borough:** |
|  | **Employer’s Supporting Statement****Please provide a supporting statement from the Employer.** **Please ensure the statement fully reflects that the employer has reviewed and will provide assurance that the requirements below have been met.****Max 400 words*** The employer will oversee the process which against which the Supervisor effectively applies the Principles of the Workplace Supervision for Advanced Clinical Practice Framework and adhere to the Minimum Expected Standards of Supervision
* The employer will oversee that Advanced Practice trainees are provided with supervision over the course of their training adhering to the principles of the HEE Quality Framework, Multi- Professional Advanced Clinical Practice Framework and The Minimum Expected Standards for Supervision for all learners. This should include provision of a suitable workplace-based learning environment and opportunities to gain competence at advanced level across the 4 pillars of advanced practice (clinical practice, leadership/management, research, and education).
* The employer must provide sufficient study leave for university training. It should not be expected that Advanced Practice trainees take unpaid or annual leave for dedicated training days.

Please provide a concluding statement below to confirm your understanding and assurance that all the requirements of this application have been fulfilled.**Name of Employer** **Signature of Employer:****Date:** **Name of the Practice:****Borough:** |