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| 1. **Name of ICS within which you work within. Delete as required or if organisation not listed go to Q2.** | |
|  | **Practice setting** *Delete as Required*  Primary Care |
|  | **Applicants profession** *Delete as Required*  Nursing   Pharmacy   Dietetics   Paramedic   Physiotherapy   Other |
|  | **If other, please state here.** |
|  | **Specialist training pathway (if relevant)**  *Delete as Required*     Primary Care   Other |
|  | If other, please state here. |
|  | Is this a new role? (Yes / No) |
|  | **Will there be an Advanced Practice role on completion of the training you are applying for and how will it be utilised?** *Required*  ***Please ensure that the following details taken from the guidance are evident in your response.***   * ***Should be able to articulate a clear case for the Advanced Practice role, demonstrating that it is an organisational priority in line with their workforce transformation plans and service requirements as well as ICB Workforce plans*** * ***Should, wherever possible, be able to articulate how new Advanced Practice numbers connect to system level recovery priorities.*** * ***Should be able to provide assurance that there will be an Advanced Practice post on completion of training. This is necessary to avoid investing in the upskilling of staff who cannot then put their advanced skills into practice.*** |
|  | **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).*** |
|  | **How do you anticipate this role will impact service delivery?** *Required*  From the HEE 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**  Kingston University  St. George's University of London  Brunel University London  Buckinghamshire New University  City, University of London  Kings College London  London South Bank University  Middlesex University London  Queen Mary University London  University College London  University of Greenwich  University of Hertfordshire  University of West London  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 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 make sure the date is between 01/09/2023 and 31/07/2026.** |
|  | **Please state the expected end date of the course or module** *Required*  *Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.*  *The date should be on or after 01/09/2023.* |
|  | You 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* |
|  | **Applicant first name:** *Required* |
|  | **Applicant last name** *Required* |
|  | **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:** |
|  | **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:** |
|  | **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:** |