**Leading Primary Care Networks and Collaborations**

**Leading Primary Care Network (PCN) Development and the Delivery of Robust Primary Care**

**Please complete this application form and return it to** [healthlab@lsbu.ac.uk](mailto:healthlab@lsbu.ac.uk). We will confirm your place on the programme subject to meeting minimum intake.

Further details will be sent nearer the time.

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| First name: |  | Surname: |  |
| Contact Number: |  | | |
| Email address: |  | | |

**WORK DETAILS**

|  |  |
| --- | --- |
| Current Role: |  |
| How long have you been in this role? |  |
| Current Organisation: |  |
| Work Address: |  |
| Work Contact number: |  |

Have you attended any previous Leadership Training Programmes/Courses? Yes/No

If yes, please provide further details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Please state briefly what you hope to learn from joining this Programme?

|  |
| --- |
|  |

Max 500 words

By signing and applying for a place on the above Programme, you agree to the following:

* I will attend all six one-day course modules on the dates specified.
* I will complete the Leadership Exchange aspect of the programme.
* I will pay the Programme fee of £1850.

Date:

Signature: