**Applications Process for Multi-Professional Advanced Practitioner**

**Commissioning Round 2020/2021**

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| **Application ID:** | **To be completed by the Humber, Coast and Vale Faculty of Advanced Practice and Physicians Associate** |
| **Sub Region:** | Humber, Coast and Vale |

**Note for completers of this form: all boxes must be filled in before submission. PLEASE SUBMIT ONE FORM PER DIFFERENT TYPE OF POST**

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| **Completion Date:** |  |
| **Organisation Name:** |  |
| **Name of Designated Advanced Clinical Practice Lead for your**  **Organisation:** |  |
| **Job Title:** |  |
| **Work contact email**  **Address:** |  |
| **Contact Telephone Number:** |  |

**Please note the timescales and organisational responsibilities related to this application process are detailed in the attached ACP Principles document. Please make yourself familiar with all relevant responsibilities.**



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| **Type of role required:**  **Please tick appropriate box** | ADVANCED CLINICAL PRACTITIONER (ACP) □  ADVANCED CRITICAL CARE PRACTITIONER (ACCP) □  ADVANCED NEONATAL NURSE PRACTITIONER (ANNP) □  ADVANCED PAEDIATRIC NURSE PRACTITIONER (APNP) □  GP ADVANCED NURSE CLINICAL PRACTITIONER\* (GP ANCP) □  OTHER – *please specify details :* □ |
| **Number of roles required:** |  |
| **Service area where proposed Advanced Practitioner will be trained and employed (Please avoid using Abbreviations):** | |
| **Service Need:** Please define the need for the new role(s) and the overall objectives in terms of benefits for service users, staff and any gaps in service. What redesign process has identified this need, for example: Skill mix review, workforce planning (Calderdale Framework) **(maximum 200 words – please expand box size as needed):** | |
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| **Please provide a brief summary of the proposed new role, including examples of some of the day to day key activities. Please include any elements of cross-boundary and multi-professional working. (maximum 200 words – please expand box size as needed) *Please ensure you attach copies of the job description and person specifications for each role with this application form.*** | |
| **How can you assure the panel that your organisation has sufficient infrastructure and governance to support these trainees in addition to those ACPs you are already supporting? *For example, competency framework and mechanisms for final sign off, educational supervision and robust line management* (maximum 200 words – please expand box size as needed)** | |
| **Category**  **(Please tick appropriate box)** | PRIMARY CARE □  EMERGENCY/URGENT CARE □  MENTAL HEALTH/LEARNING DISABILITY □  CANCER □  DIAGNOSTICS □  OTHER– *please specify details :* □ |

**Application Options:**

**ACP Fees Funded Pathway** – Specialist ACP roles including Advanced Neonatal Practitioners, Advanced Paediatric Practitioners and Advanced Critical Care Practitioner pathways are available at a more limited number of HEIs.

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| **Do you intend to support**  **students via the fees**  **route** | YES OR NO [delete as appropriate]  **If YES, how many?** |
| **Please specify the 1st Choice HEI**  (details available on Appendix 2 of the Principles document) | (for out of area HEIs for specialist courses, please specific HEI) |
| **Please specify the 2nd Choice HEI**  (details available on Appendix 2 of the Principles document) | (for out of area HEIs for specialist courses, please specific HEI) |
| **Please confirm intended start date**  *(it is anticipated that trainees will be supported to complete the full three year programme)* | SEPTEMBER 2020 □  JANUARY 2021 □ |
| **Please confirm anticipated end date** |  |
| **Please use the space below for any further comments you may wish to make on your application (optional)** | |
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**Application Options:**

**ACP Apprenticeship Pathway**: An ACP Apprenticeship Pathway is now available at some HEIs in our region. HEE North will support ACPs through this route, with access to a training grant at the same overall value as the Fees Funded Route. Please refer to the ACP Principles document.

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| **Do you intend to support students via an apprenticeship route** | YES OR NO [delete as appropriate]  **If YES, how many?** |
| **Does your organisation pay an Apprenticeship Levy contribution?** | YES OR NO [delete as appropriate] |
| **Please specific the 1st Choice HEI**  (details available on Appendix 2 of the Principles document) | (for out of area HEIs for specialist courses, please specific HEI) |
| **Please specific the 2nd Choice HEI**  (details available on Appendix 2 of the Principles document) | (for out of area HEIs for specialist courses, please specific HEI) |
| **Please confirm intended start date**  *(it is anticipated that trainees will be supported to complete the full three year programme)* | SEPTEMBER 2020 □  JANUARY 2021 □ |
| **Please confirm anticipated end date** |  |
| **Please use the space below for any further comments you may wish to make on your application (optional)** | |
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**Declaration:**

As the ACP designed lead I confirm that I have understood and agree to the following:-

1. This application represents planned service area(s) developments and has Directorate and Organisational level support
2. I have read the ‘ACP Principles guidance for the Development of Advanced Clinical Practice’ (attached)
3. I am familiar with the education programme in question, its entry requirements and its requirements of practice in relation to work based learning opportunities
4. The successful trainee(s) will be released from practice to attend University as specified by each University programme
5. I confirm that I intend to support the trainee to full ACP qualification and best practice guidance developed in Humber, Coast and Vale
6. Mentors will be identified and will provide support to the trainee(s) in practice
7. An appropriately banded/graded post will be made available for the trainee(s) on successful completion of the education programme and clinical competencies.

**SIGNATURE:**

**PRINT NAME IN FULL (capitals please):**

**DATE**: ………………………………………….