 [](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwj0tdPjzK7WAhUDbFAKHYfCAYUQjRwIBw&url=https://www.eventbrite.co.uk/o/health-innovation-network-south-london-ahsn-4169462353&psig=AFQjCNHVR6UITIQN_kJisrqvV-3AsaIoiw&ust=1505819460588541)

**South London Care Home Pioneer programme  
Expression of Interest Form**

**I would like a place on the South London Care Home Pioneer programme (see dates below)**

|  |  |
| --- | --- |
| Name | Full Name |
| Name of home you manage | Care Home |
| Location | London Borough |
| Owner of home you manage | Home Owner |
| Address | Street  City Post Code |
| Phone number | Phone number |
| Email | Email |

**The South London Care Home Pioneer programme is for Managers of Care and Nursing Homes for Older People.** I confirm that I manage a:

Residential care home for Older People

Nursing home for Older People

**The home I manage has:**

|  |  |
| --- | --- |
| Beds | Approximate number |
| Residents | Approximate number |
| Residents over 65 years old | Number of residents |

**The home I manage is part of a care home group:**

Yes No

**I hold Registered Managers Award (RMA) or equivalent:**

Yes No

**Please give details of any previous leadership training you have undertaken.**

|  |
| --- |
| Click or tap here to enter text. |

**I would like to join the programme because:**

|  |
| --- |
| Click or tap here to enter text. |

**Declaration**

I confirm that:

1. I have the support of the owner of the care home I manage/my line manager to take part in the My Home Life Suffolk leadership development programme.
2. I understand that by participating in this programme I will make every effort to attend all of the required sessions as non-attendance may jeopardise the success of the programme and the benefits to me and the care home I manage.
3. I understand that it is free to enrol on the programme; however, reasonable charges may be applied for non-attendance unless there is proof of mitigating circumstances.
4. I understand that spaces are limited and cannot be reallocated to another manager if I withdraw from the programme.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: Print Name Date: Select date

Please ensure that your completed expression of interest form is returned **by 17 November 2017** to Don Shenker on [don.shenker@nhs.net](mailto:don.shenker@nhs.net) (Tel. 020 7188 7188 x57027).

**Programme dates and information**

**MHL South London Cohort 1**

**DATES (provisional)**

**4-day Workshop**

24, 25 OR 30, 31 January 2018

21, 22 OR 27, 28 February

**Action learning sessions (half day)**

Thursday 22 March 2018

Thursday 19 April

Thursday 24 May 2018

Thursday 14 June 2018

Thursday 19 July 2018

Thursday 20 September 2018

Thursday 25 October 2018

**Validation Day**

Thursday 22nd November 2018

**Location**

TBC, likely to be London Bridge

**Facilitators**

Danuta Lipinska & Don Shenker