Accelerated Director Development Scheme Cohort 5

Assessment and Development Process

Nomination Form A

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| **Your Name:** |  |
| **Date Completed:** | DD Month YYYY |

**Accelerated Director Development Scheme (ADDS) Cohort 5 Nomination Form A**

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| 1. **NOMINATION PROCESS**
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This form is for high potential aspirant directors nominated by their organisation for ADDS Cohort 5.

Please ensure you have read the **ADDS Nomination Guide** prior to applying for ADDS.

To submit your nomination please complete the following:

**Complete Section 2** Please read the Terms & Conditions and sign your agreement, if you are happy to do so

**Complete Sections 3-5** (Personal Details, Line Manager details, and confirmation of your sponsorship from your CEO / MD)

**Complete Sections 6** (Your career history).

**You are requested to also:**

* Read the Candidate Nomination Guide and complete your **Candidate Self - Assessment Form B**. *Circa 2 hours*
* Complete your **Equal Opportunities Form C.** *Circa 5 minutes*
* Request your line manager completes the **Line Manager Assessment Form D.** *Circa 1 hour*

Please note the ADDS Cohort 5 virtual assessment and development centre date is **1st February 2021**. You must be available for this date as we are unable to offer an alternative date for ADDS Cohort 5.

**Please ensure all 4 documents are returned to your workforce lead by 2nd December 2020**

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| **Section 2 - TERMS AND CONDITIONS**  |

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| **STATEMENT** | **YES** | **NO** |
| We would like to keep in touch with you before, during and after the nomination and assessment process, please tick here to confirm you agree for us to contact you via the contact details provided. | [ ]  | [ ]  |

1. I confirm that all the information provided in my Nomination Form is up to date and accurate.
2. My Line Manager has agreed to supply an assessment of me and my abilities, and confirms I am able to attend the assessment and development centre date as well as undertake all aspects of the scheme if assessed as ready for ADDS.
3. I will attend and partake in all elements of the assessment process and understand that not attending or partaking without agreeing extenuating circumstances with the ADDS team could mean that I may lose my opportunity to be assessed for Cohort 5.
4. I will ensure I meet the deadlines of the nomination and assessment process when asked to do so.
5. I agree to provide feedback on my experiences of the nomination and assessment process.
6. I understand that my nomination information will be shared with Korn Ferry our delivery partner for the assessment and development process. We have completed an ADDS Data Protection impact assessment, including our delivery partners, and had it approved by East and North Herts NHS Trust
7. I understand that if at any time I wish my contact details not to be shared I must advise in writing that I do not wish this to happen. Any requests should be made to: **adds.enh-tr@nhs.net**
8. I understand my organisation will be advised of my status during the nomination, pre-assessment and assessment outcome stages of this process. This information will be shared unless I specify my reasons in writing **to adds.enh-tr@nhs.net** that I wish this information to be withheld.

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| **Name:** |  | **Date:**  |
| **Signature:** |  |

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| **Section 3 PERSONAL DETAILS** |
| **Name:** |  | **Role Title:** |  |
| **Organisation Name:** |  | **Role Level** **One Below Board**  | **YES** | **NO** |
| [ ]  | [ ]  |
| **Email Address:** |  | **Phone Number:** |

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| **Section 4 LINE MANAGER DETAILS** |
| **Name:** |  | **Role Title:** |  |
| **Organisation Name:** |  |  |
| **Email Address:** |  | **Phone Number:** |

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| **Section 5 CEO / AO / MD Sponsorship** |

**All nominees require sponsorship from their Chief Executive Officer, Accountable Officer or Managing Director**

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| **STATEMENT**  | **YES** | **NO** |
| **The nominee is currently working at ‘one below’ board or equivalent level and is identified as having the potential to be an Executive Director within 9-24 months** | [ ]  | [ ]  |
| **I can confirm that I will sponsor this nominee for ADDS and will support them to undertake all components of the scheme** | [ ]  | [ ]  |
| **Name:** |  | **Signature:** |

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| **Section 6 CAREER HISTORY**  |

Please list your career history below, detailing the **previous 10 years.** You should ensure it covers the required information from the table below; including number of people managed, budget managed, key achievements in role and size of organisation. This detail will be shared with your assessor in advance of the assessment and development centre.

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| **Role** | **Accountabilities / Achievements***Please include number of people managed, budget managed & size of organisation* | **Organisation** | **Dates (Years)** |
| **From** | **To** |
| *Current role* | *c.100 words* |  | *YYYY* | *Current* |
| *Previous role* | *c.100 words* |  | *YYYY* | *YYYY* |
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