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**2017-18 EMLA Expression of Interest Form**

*Membership sponsored by:*

**Derby & Derbyshire LMC (DDLMC) and the**

**General Practice Task Force (GPTF) Project**

**Applicant Details**

**Title**  *Title*

**First name**  *Enter first name*

**Surname**  *Enter surname*

**Job title / Role**  *Enter your job title*

**CCG**  *Please select your CCG*

**Organisation / Practice**  *Organisation or practice name*

**Contact address**  *Street name*

*Area*

*City*

*County*

*Postcode*

**Contact telephone number**  *Enter telephone number*

**Email address (work)**  *Work email address*

**Line Manager Agreement**

**Organisation Commitment**

*Courses or events may require the delegate to attend events or complete assignments/work during their working hours.*

Permission given from line manager:*Yes or No*

Line Manager Name: *Line Manages Name*

**Applicant Information**

**Names of courses/programmes wishing to attend.**

*Details of programmes/ courses wishing to attend*

**Reasons for application** *(please outline your reason for wishing to take part in the above training)*

*Please enter your reasons here*

**Learner agreement**

*I agree that I will be responsible for booking my own course online via the EMLA website once I have received email confirmation of my sponsorship from the GPTF and Derby and Derbyshire LMC. I agree to participate in any evaluation and feedback forms as appropriate. DDLMC or the GPTF is not responsible for any course cancellations, changes, bookings or administration. DDLMC and the GPTF are only the sponsor organization and will fund your course making payment in advance directly to EMLA at the agreed rate.*

**Cancellations and Non-attendance**

*I agree that if I need to cancel my place, I inform EMLA in the first instance. If I no longer wish to receive a sponsored place and have not attended any courses, I need to notify* GPTFProject@derbyshirelmc.nhs.uk *so my place can be re-allocated to any GP workforce staff on the waiting list.*

**I agree to abide by the learner agreement**

*Yes or No*

**Email completed forms to** GPTFProject@derbyshirelmc.nhs.uk

**For any queries, please call DDLMC office on 01332 210008**

*Please note that the information from this form will be held and utilised by Derby and Derbyshire LMC (DDLMC) and East Midlands Leadership Academy and will not be released to any other third party organisation.*

Sponsor signed off by LS[ ]

CL[ ]

**OFFICE USE ONLY**