

### Form 3: Application Form - Train the Trainer

## **HSE Professional Supervision Training Programmes** For Health and Social Care Professionals -**HSE & Voluntary Organisations**

### CONFIDENTIAL

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Please complete and return together your application and your manager commitment form with your HseLand Certificate of Completion to nuala.flynn@hse.ie on or before 12pm, Thursday, 28th February 2019.

#### Personal Details

Name:	Contact Address:		
Phone:	Email:		
Discipline:	Full time post:		
Title of present post:	Part time post:		
Duration of present post:	Please indicate number of hours per week		
Location of present post:	, p.s		
Line Manager Details:			
Name:	Contact Address:		
Discipline:	Email:		
	Phone:		
Role:			
Have you previously participated training: Yes No	in Professional Supervision		
If yes, please state: Name of the training training? Duration of the training:	ng? When did you undertake the		

\*If you have already attended a programme, this will be considered.





# Please outline your history of Professional Supervision

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	From - To	Frequency	Duration	Provided by line manager or other (specify)
As Supervisor				
As Supervisee				

# Outline your History of Facilitation, Team-work and Training Delivery

From - to	Description

## In answering this section please focus on <u>yourself</u> and <u>your</u> practice with examples

Based on your experience as a Supervisee consider two significant benefits to you and to your practice

Identify a particular challenge you have experienced as a Supervisor and

- Its impact on you
- How you managed it
- The subsequent outcome

How would you prioritise your current learning/development needs; as a practitioner; as a supervisee; as a supervisor and any other.

Why do you wish to undertake this training in Professional Supervision at this time?





Signed:	Date:	

### **Application Process:**

## **Prerequisites:**

- Furnish certificate of successful completion of the HSELand eLearning module Professional Supervision for HSCP <u>WITH</u> completed application form.
- > Participants must have written commitment from their manager for their full participation to carry out the requirements of the programme.
- Participants must be in a HSCP senior role with minimum of three years' experience as a practitioner or in a HSCP manager role currently working in the HSE and/or Voluntary Sector.
- Participants must have responsibility and opportunity for providing regular, formal supervision to others as part of their role. (Minimum of 2 supervisees; ideally 3) on an on-going basis including while participating in the programme.
- Participants must engage in their own regular, formal Professional Supervision with a designated supervisor as part of their practice on an on-going basis including while participating in the programme.

Applications will be reviewed in line with the prerequisites outlined and trainer criteria.

Application forms and further information are available from Richard Smith, National HSCP Office, at <a href="mailto:richard.smith@hse.ie">richard.smith@hse.ie</a>

Return to <u>richard.smith@hse.ie</u> on or before 12pm, Thursday. 28<sup>th</sup> February 2019.

### Incomplete applications will not be considered.

**Please note** that the information you have provided for the purpose of your application, will be held by the National HSCP Office both electronically and/or manually; in accordance with the obligations set out in the General Data Protection Regulation. If you have any queries, please email the National HSCP Office, at <a href="https://hscp.nationaloffice@hse.ie">hscp.nationaloffice@hse.ie</a>

