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| **Specialist Certificate in Clinical Leadership** |
| **Expression of Interest (EOI)** |
| Full Name |  |
| Contact Details (Phone & Email) |  |
| Role / Title |  |
| Years in Role |  |
| Reason for Application(What do you hope to gain by participating – 150 words) |  |
| Clinical leadership aspirations at Western Health (50 words) |  |
| I hereby declare that I will be able to attend the full program including attendance at all the workshops\*. I understand that my Continuing Medical Education (CME) balance will be deducted by $7,950 for the whole program and that withdrawal from the program without adequate notice (i.e. less than six weeks from commencement of program) will still result in a claim from my CME balance. I also confirm that I will use my CME leave to be able to attend the program and that my line manager has approved this leave. \***N.B.** Workshops will be held at Sunshine Hospital. Dates listed in program brochure. |
| Applicant Signature |  |
| Date |  |
| Endorsement by Line Manager (Name & title) |  |
| Line Manager Signature  |  |
| Date |  |

**Please send this EOI and an up-to-date Curriculum Vitae to** **abi.arul@wh.org.au** **and Melissa.Edwards2@wh.org.au**