Please return this application form to [culturesofcare@fons.org](mailto:culturesofcare@fons.org)

|  |  |
| --- | --- |
| 1. **Name:** | |
| 1. **Job title:** | |
| 1. **Your contact details:**   **Ward/unit name and address:**  **Email address:**  **Mobile number:** | |
| 1. **Ethnicity:** Please mark with an X | |
| 1 - White: English / Welsh / Scottish / Northern Irish / British |  |
| 2 - White: Irish |  |
| 3 - White: Gypsy or Irish Traveller |  |
| 4 - Any other White background |  |
| 5 - Mixed / Multiple ethnic groups: White and Black Caribbean |  |
| 6 - Mixed / Multiple ethnic groups: White and Black African |  |
| 7 - Mixed / Multiple ethnic groups: White and Asian |  |
| 8 - Any other Mixed / Multiple ethnic background |  |
| 9 - Asian / Asian British: Indian |  |
| 10 - Asian / Asian British: Pakistani |  |
| 11 - Asian / Asian British: Bangladeshi |  |
| 12 - Asian / Asian British: Chinese |  |
| 13 - Asian / Asian British: Any other Asian background |  |
| 14 - Black / African / Caribbean / Black British: African |  |
| 15 - Black / African / Caribbean / Black British: Caribbean |  |
| 16 - Black / African / Caribbean / Black British: Any other Black / African / Caribbean background |  |
| 17 - Other ethnic group: Arab |  |
| 18 - Prefer not to say |  |
| 19 - Other |  |
| 1. **Any specific requirements?**   **Do you have any specific learning and support needs that we need to be aware of? Yes/No**  If yes, we will offer a 1:1 discussion with your programme facilitator to learn more about these.  **Do you have any dietary requirements? Yes/No**  **Do you have any access requirements? Yes/No** | |

|  |  |
| --- | --- |
| 1. **Your workplace:**   **NHS England region:** Please mark with an X | |
| North East and Yorkshire |  |
| North West |  |
| Midlands |  |
| South East |  |
| South West |  |
| East of England |  |
| London |  |
| **Speciality of ward/unit:** Please mark selection with an X  *Please note, providers must align to* [*NHS England’s Commissioning framework for mental health inpatient services*](https://www.england.nhs.uk/long-read/commissioning-framework-for-mental-health-inpatient-services/#1-key-messages-for-those-responsible-for-the-commissioning-of-mental-health-inpatient-services)*, therefore staff from wards described as ‘locked rehab’ are not eligible for this programme.* | |
| Adult acute (assessment and treatment) |  |
| Psychiatric intensive care |  |
| Rehabilitation |  |
| Forensic (medium or low secure) |  |
| Mother and baby |  |
| Eating disorder services |  |
| Child and adolescent mental health (including eating disorder services) |  |
| Learning disabilities |  |
| Neurodiversity |  |
| Other – please specify |  |
| **Name and address of your organisation:**  **Please note this offer is only open to providers already registered on the NCCMH Culture of Care Programme.**Please answer questions below.  Is your organisation participating in the [National Collaborating Centre for Mental Health (NCCMH) Culture of Care Programme](https://www.rcpsych.ac.uk/improving-care/nccmh/culture-of-care-programme): **Yes/No**  Is your ward/unit participating in the NCCMH Culture of Care Programme: **Yes/No** Are any of your ward staff participating in the [PSC Staff Care and Development Programme](https://cultureofcare.thepsc.co.uk/page/our-offer/): **Yes/No** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Name of Executive Sponsor (Chief Nursing Officer or equivalent):**   **Statement of support from Executive Sponsor (max. 100 words):**  **Signature of Executive Sponsor:** | | | | | | |
| 1. **Name of Line Manager:**   **Line Manager contact details (for safeguarding purposes):**  **Email address:**  **Telephone:**  **Statement of support from Line Manager (max. 100 words):**  **Signature of Line Manager:** | | | | | | |
| 1. **Which programme would you like to participate in?** | | | | | | |
| **Workshops** |  | |  | |  | |
| **(All 0930-1630)** | **Group 7 dates – Primarily Thursdays** | | | **Group 8 dates – Primarily Tuesdays** | | |
| **1 and 2** | Weds 21 and Thurs 22 May 2025 in York (arriving Tues 20 May) | | | Tues 10 and Weds 11 June in Milton Keynes arriving Monday 9 June) | | |
| **3** | Thursday 19 June 2025 (online) | | | Tues 8 July 2025 (online) | | |
| **4** | Thursday 17 July 2025 (online) | | | Tues 2 Sept 2025 (online) | | |
| **5** | Thursday 4 Sept 2025 (online) | | | Tues 30 Sept 2025 (online) | | |
| **6** | Thursday 25 Sept 2025 (online) | | | Tues 4 Nov 2025 (online) | | |
| **7** | Thursday 16 October 2025 in York | | | Tues 9 Dec 2025 in Milton Keynes | | |
| **Locations/Venues** | [**Novotel York Centre, Fishergate, York**](https://all.accor.com/hotel/0949/index.en.shtml) | | | [**Novotel Milton Keynes**](https://all.accor.com/ssr/app/accor/rates/3272/index.en.shtml?compositions=1&dateIn=2025-01-28&nights=1&hideHotelDetails=false&hideWDR=false&destination=milton-keynes-uk) | | |
| Participants are free to choose locations that are outside of their NHS region.We will endeavour to offer everyone their first choice, but places are allocated on a first come basis.  **My first choice is group number:**  If necessary, I could attend another group: **Yes/No If Yes, please indicate second choice:**  Further groups will be available, starting between June 2025 and October 2025. Please check: <https://www.fons.org/programmes-development-opportunities/ward-managers-programme/> for updated information. | | | | | | |
| 1. **Terms and conditions of participation**   Please read and confirm acceptance by initialling each of the following: | | | | | | |
| I confirm that I am a Ward Manager (or equivalent) and have leadership responsibility for a clinical team who are delivering inpatient care | | | | | |  |
| I agree to take part in this programme and confirm I can attend all the workshops | | | | | |  |
| I confirm that my sponsors are committed to supporting me to:   1. Attend all the workshops 2. Work with the team, patients, families and carers etc. to implement my learning into practice | | | | | |  |
| I agree to FoNS facilitators contacting my Line Manager and/or Executive Sponsor if any issues of safeguarding, either of myself or people in my care, arise. I understand that where possible this will be discussed with me prior to any escalation of concerns | | | | | |  |
| I confirm that my ward/unit is sufficiently stable to enable meaningful change | | | | | |  |
| I confirm I have made IT arrangements so I will be able to access and participate in the online workshops using a desktop or laptop computer that has access to a working camera and microphone | | | | | |  |
| I confirm I have made arrangements to connect to online workshops from a quiet space where I won’t be disturbed | | | | | |  |
| I have read the information about the evaluation of the programme and understand that:   1. I will be invited to participate in evaluation activities throughout the programme 2. I can ask questions about the evaluation at any time 3. My participation in the evaluation is voluntary 4. I can change my mind and withdraw from the evaluation at any time 5. Anonymised evaluation data e.g. comments, quotes, pictures etc. can be used and shared in reports, publicity information, websites etc. | | | | | |  |
| I agree to my photograph being taken and used on social media and for FoNS publicity materials etc. | | | | | |  |
| **Participant’s signature:** | |  | | | | |
| **Date:** | |  | | | | |

**Data Protection and Privacy**

Your privacy is important to us. FoNS works in line with UK law on data protection and you can read more about FoNS’ data privacy policy via: <https://www.fons.org/privacy-policy/>. By submitting this application form, you are consenting to FoNS holding the data this form contains for the purposes of processing this application. FoNS will not share this information with third parties. However, FoNS staff will review applications as part of the development of the programme and may use external consultants as part of the process.