**CAHPR Regional Hub Leader/Leadership Team Application Form**

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| **Name(s)** |  |
| **Main contact (for leadership team applications)** |  |
| **Contact Email:** |  |
| **Contact Telephone** |  |
| **Regional Hub** |  |
| **Please supply if applicable:** **Professional Body/Organisation registration number\*** |  |

*\*Please note that all AHPs are expected to be members of their professional body*

**Hub Leader/Leadership Team Specification**

The following criteria should be met for each CAHPR hub either by a single Hub Leader or leadership team. If your application is as a leadership team all of the criteria should be met by the team but each individual is not required to meet all criteria.

Please demonstrate how the following criteria are met in a statement and provide a CV for each person applying as Hub Leader. If a group application is made a joint statement is recommended.

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| **Area** | **Requirement** |
| Education | Doctorate level |
| Employment | Relevant practice or higher education setting |
| Motivation | Commitment to the aims of CAHPR (including involving all AHPs in hub |
| Experience | Previous experience in leadership roles |
| Active engagement with clinicians, managers and academics |
| Current engagement in research |
| Publication record |
| Research funding grants awarded |
| Experience as a researcher |
| National and/or international profile |

**Statement**

Please provide a statement which addresses the following questions:

* Why you would like to be Hub Leader(s)?
* What you would bring to the role?
* What are your future plans for the hub?

Tips: Make sure you address the Hub Leader criteria. If you are making a joint statement please make it clear how the criteria are covered by the leadership team as a group. Also please consider CAHPR’s mission and membership.

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**Statement of support:**

(This should be signed by a current Hub Facilitator or in their absence a previous Hub Leader)

**I support** *Insert Name***in their application as Hub Leader for** *Insert name**of Hub*

Name……………………………………………………..

Please state whether you are a Facilitator or previous Hub Leader

…………………………………………………………………………………………………

Signed…………………………………………………….

Date………………………………………………………...

**Please return your form and CV to:**

 CAHPR Administrator via email to CAHPR@csp.org.uk

For any enquiries regarding this committee please contact Katie Prangle, CAHPR Support Officer: pranglek@csp.org.uk, Tel: 0207 306 6602

By returning this application form, you are agreeing to your data being processed by the Charted Society of Physiotherapy on behalf of CAHPR for the purpose of assessing whether your application meets the criteria for the position of CAHPR Hub Leader.

Your application will be securely stored. It will only be made available to CAHPR Staff and CAHPR Strategy Committee members. In line with CSP policy, it will be retained for one year after the application is made or one year after the end of the CAHPR Hub Leader role. It will then be securely destroyed. You can withdraw your permission for CAHPR to use your data at any time by contacting cahpr@csp.org.uk.

**CSP Fair Processing Notice.** The CSP provides membership, trade union services and related physiotherapy professional activity throughout the United Kingdom. We process your data for the purposes of Our business in accordance with the *General Data Protection Regulation (2018).* We may share your data without your explicit consent with staff in the CSP and with others outside the CSP for the purposes of providing Our business to youunder contract and/or legitimate interests.

We do not share your data with Third Parties for other reasons without your express consent unless the law requires us to do so. Where you have voluntarily given us your consent to use your data for specific purposes, you can withdraw your consent at any time. The CSP recognises the Information Commissioners Office (ICO) as our Supervisory Data Authority. If you want to make a Subject Access Request (SAR) contactdata.protection@csp.org.uk