## **Macmillan Coaching Programme Application Form**

### (Please note this form will only be shared with your Macmillan Partnership Quality Lead, Learning & Development Manager and your coach).

### Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Application:** |  |
| **Job Title:** |  | **Work Address incl. Postcode:** |  |
| **Email Address:** |  | **Telephone Number/Mobile:** |  |

**For how long have you been a Macmillan Professional? (Please mark with an 'X')**

*(Note: You must have been in post for a minimum of six months in order to be eligible to apply for the coaching programme)*

|  |  |
| --- | --- |
| **6 months – 1 year** |  |
| **1 – 3 years** |  |
| **4 – 10 years** |  |
| **11+ years** |  |

**As a Macmillan Professional, are you a: (please mark with an 'X')**

|  |  |
| --- | --- |
| **Nurse** |  |
| **AHP** |  |
| **Information Manager / Officer** |  |
| **Doctor** |  |
| **Psychological Services** |  |
| **Benefits Advisor** |  |
| **Social Worker** |  |
| **Boots Macmillan Information Pharmacist (BMIP)** |  |
| **Manager** |  |
| **Researcher** |  |
| **Other** |  |

**As a Macmillan Professional, is your contract: (please mark with an 'X')**

|  |  |
| --- | --- |
| **Permanent:** | **Fixed-term:** |

1. **Please describe the rationale for your application and how you see coaching supporting your learning and development at this time (minimum of 100 words)**

|  |
| --- |
|  |

### Coaching Objectives

### Please identify up to three development needs you are seeking to meet through coaching; at least one of these should relate to the service(s) you deliver for people affected by cancer:

|  |
| --- |
| 1. |
| 2. |
| 3. |

### Coaching Outcomes

**Please identify for each of your coaching objectives above the differences/improvements that you will make following completion of your coaching programme:**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**How will you measure these?**

|  |
| --- |
| 1. |
| 2. |
| 3. |

### Line Manager Support

**In submitting your application form, we assume that you have obtained approval from your line manager and/or employing organisation to take part in the coaching programme. Please provide your line manager’s contact details below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Manager contact details** | | | |
| **Name** |  | **Work Address incl. Postcode** |  |
| **Job Title** |  | **Email Address** |  |
| **Contact Number** |  | | |

*Please note we will copy in your line manager when we respond to your application. It is therefore important you discuss your application with her/him before submitting your application.*

## Please ensure all fields of this form are completed and send it to the Macmillan Coaching Team at [coaching@macmillan.org.uk](mailto:coaching@macmillan.org.uk?subject=Macmillan%20Coaching%20Programme%20Application)

If you have any questions about your application please contact [coaching@macmillan.org.uk](mailto:coaching@macmillan.org.uk?subject=Macmillan%20Coaching%20Programme:%20Query) or speak to your local Macmillan Partnership Quality Lead and/or Learning and Development Manager.

### You will receive a response from us to your application within five working days. Thank you for your interest in the Macmillan Coaching Programme.