**Contestable Extended Professional Development Leave Position -**Application Form

|  |
| --- |
| 1. Your Details |
| Name: |  | Title: |
|  |  |  |
| Service: |  | District: |
|  |  |  |
| Role/Position: |  | Email Address: (or other preferred contact) |
|  |  |  |
| Ethnicity: |  | Iwi: (if applicable) |
|  |  |  |
| Gender: |  | Duration of Employment: (Te Whatu Ora and/or DHB) |
|  |  |  |
|  |
|  |
|  |
| Eligibility Criteria |
| To be eligible, a Psychologist must:* Be on step 9 or above (2023/24 year; step 8 or above 2024/25 year)
* Not be under formal performance management processes
* Not be on a fixed term employment of less than 12 months (this does not exclude those on secondments or interim roles who are permanently employed)
* Be covered by the APEX Te Whatu Ora Psychologists Collective Agreement
 |
|  |
|  |
| Do you meet these requirements?Yes |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 2. Your ProposalPlease provide a broad summary of the proposed activity(ies) you plan to undertake during the CEPDL. e.g., ‘*Undertake further work at an advanced practice clinic on <insert relevant example>*’ |
|   |
|  |
|  |
| How many weeks are you seeking for this activity(ies)? [maximum is 10 weeks] |
|  |
|  |
| What are the indicative dates when you anticipate taking your CEPDL if successful? |
|  From  |  |  Until |
|  ( DD | MM | YYYY ) |  | ( DD | MM | YYYY ) |
|  |  |  |
|  |
| Is the ultimate timing contingent on another party? (e.g., capacity of site to host you) |
| Yes |  | No |
|  |  |  |
|  |
| Do you intend to use your CPD funds to support your proposal? |
| Yes |  | No |  | Unsure |
|  |  |  |  |  |
|  |
|  |
|  |
|  |
|  |
| Detail of ProposalPlease enter detail here or include proposal as a separate attachment to your application.You should include information on:* The proposed activity(ies) you plan to undertake
* How this activity(ies) link(s) to your service’s priorities areas
* The service improvement of improved outcomes for clients/Whai Ora that the activity will deliver
* How these improvements will be delivered
* How you’d recommend these improvements are assessed/demonstrated on your return from CEPDL
 |
|   |
|  |
|  |
|  |
| Post-CEPDL OutcomesAs part of the CEPDL process, psychologists will need to include how they intend to share knowledge and skills gathered during the CEPDL with their colleagues after returning from leave, they will also need to submit a report on their CEPDL experience, which can be shared with other psychologists, APEX and Te Whatu Ora.The purpose of the CEPD process is to assess how CEPDL positions for psychologists can contribute to the improvement of public health services and support the retention of experienced psychologists in Te Whatu Ora employment. Psychologists should only apply if they intend to remain employed at Te Whatu Ora for more than one year after returning from leave granted.Please indicate below how you:* Intend to share knowledge and skills gathered during the CEPDL with your colleagues upon your return
* Intend to develop a report on your CEPDL experience for distribution with other psychologists
 |
|  |
|  |
|  |
|  |
|  |
| 3. Your Service’s Support for your ApplicationThis section should be completed by your service and/or Directorate Manager and Professional Lead. This may be completed as part of the application or provided separately.  |
| Manager |  | Professional Lead |
| Name & Title: (of individual completing on behalf of the service) |  | Name & Title: (of individual completing on behalf of the service) |
|  |  |  |
|  |  |  |
|  Requirements: * Is the proposal supported by the service?
* Can the service accommodate the period of leave sought?
 |  |  | Requirements: * Is the proposal supported by the service?
* Do you endorse this as acting at the consultant level?
 |
| Yes |  | No |  | Yes |  | No |
|  |
| If the service *does not* think it can accommodate the period of leave sought, please indicate the reason(s) for this and the steps you will need to consider to address this: |
|  |
|  |

|  |
| --- |
| 4. Application Declaration **Acknowledgement:** In submitting this application, I can confirm the information provided is accurate to the best of my knowledge. I understand the application will be considered by a joint APEX Te Whatu Ora Panel as outlined in the APEX Te Whatu Ora Psychologists Collective Agreement 2023-2025 who will make the final decision on the allocation of CEPDL positions. I understand that if my application is successful and I resign my employment prior to taking up my CEPDL position then I will forfeit this entitlement. APEX and Te Whatu Ora has agreed to a joint evaluation of the CEPDL pilot in 2025 that I may be contacted for as part of this evaluation, regardless of whether my application is successful.  |
|  |
| Applicant Signature: |  | Date Signed: |
|  |  |  |
|  |