

Application Form

Hampshire and Isle of Wight Training Hub General Practice Fellowship 2021

NB: This is an editable PDF

Name of Practice:

Practice Contact:

Contact Email:

Contact Phone:

Name of Practice Supervisor:

Name of Fellow:

Role: Salaried / Partner / Retainer

Fellow's email address:

Fellow's mobile number:

Date of CCT: Contract Start Date:

%WTE (work hours) / number of sessions: Date of Application:

Name of PCN:

PCN contact email address:

Please note that as part of the fellowship agreement the practice is required to commit to:

Provide and deliver a supportive induction programme **Agreed**

Assign a named in-house supervisor and agree to a minimum of protected mentorship time **Agreed**

1 session per week (WTE pro rata) identified as protected learning and development time **Agreed**

Permit the fellow to attend monthly education programme sessions organised by the Training Hub in protected learning time **Agreed**

Use of personal data

Information from this form will be used by the programme team for implementation and management of the New to Practice Fellowship Programme. Some data may also be shared with others outside the programme team for the purposes of implementing the programme.

The Fellow consents to the sharing of information from this form with:

PCN clinical, educational and managerial leads Other fellows

Any others necessary for the effective delivery of the programme

Signature (Practice Manager or Partner)

Signed:

Print name: Date of Application: