**New to General Practice Fellowship Application Form**

The application is to be completed by the applying practice and the potential fellow.

For any questions about or assistance with this application please contact:

[training.hub@snee.nhs.uk](mailto:snee.traininghub@nhs.net)

|  |  |
| --- | --- |
| **Date of application:** |  |
| **Section 1 – GP / Nurse Fellow** | |
| **Name:** |  |
| **Contact Email:** |  |
| **Role:** | Choose an item. |
| **Date of qualification:** | Click or tap to enter a date. |
| **Contract start date:** | Click or tap to enter a date. |
| **Contracted working time:**  *GP: No. of sessions per week*  *Nurse: Contracted hours (e.g. days/hours).* |  |
| **Section 2 – Practice** | |
| **Name of Practice:** |  |
| **Practice Contact Name:** |  |
| **Practice Contact Email:** |  |
| **Practice Contact Telephone:** |  |
| **Practice Contact Position:** |  |

|  |
| --- |
| **Section 3 – Declaration** |
| **Fellow Commitment:**  I commit to engaging with the New to General Practice Fellowship programme and allocated CPD time.  I commit to engaging with the mentorship and coaching schemes available through the fellowship.  I commit to the fellowship programme as specified within the programme outline  **Name/Signature:**  (Fellow)  **Date:** |
| **Practice Commitment:**  We commit to supporting a GP/Nurse Fellow in the New to General Practice Fellowship programme, developing their transition to primary care, portfolio PCN working and learning and educational needs.  We commit to allowing protected learning and CPD time for Fellow as specified within the programme.  We will support the Fellow for the duration of the programme as contracted unless there are exceptional circumstances.  **Name/Signature:**  (Practice Manager)  **Name/Signature:**  (Senior GP / Senior Nurse – *delete as applicable*)  **Date:** |

**Please submit all completed application forms to** [training.hub@snee.nhs.uk](mailto:training.hub@snee.nhs.uk)

**Thank you.**