**APPLICATION TO ATTEND GP-TRAINERS’ COURSE IN THE WEST MIDLANDS**

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| Name: |  | |
| Practice Address: |  | |
| Telephone Number: |  | |
| Fax Number: |  | |
| Programme Area: | Bham & Solihull  Black Country  Cov & Warks  Hereford & Worcs  Staffs & Shrops | |
| Mobile Phone Number: |  | |
| NHS Email Address:  (Ideally NHS mail so that trainee information can be emailed securely) |  | |
| GMC Number: |  | |
| Date of CCT and MRCGP: |  | |
| Date Joined Performers List: |  | |
| Date of 1st Permanent GP Position Post-CCT: |  | |
| Is your practice currently an approved GP Training site? | Yes  No | |
| Is there a current trainer at your practice due to retire/leave (Who)? | Yes  No |  |
| How many clinical sessions do you currently work per week at the practice? |  | |
| How many whole-time-equivalent GP-Trainers are currently working in your practice? |  | |
| Why do you wish or need to become a GP Trainer? |  | |
| Any other factors that would help you application? |  | |

*NB. Places for trainers’ courses are allocated according to local need and completion of the trainers’ course does not result in automatic qualification as a GP trainer.*

*Final approval involves 1) completing an Application for Approval Form, 2) organising and completing a visit arranged through the Area Director for your area and 3) subsequent ratification at Area GP Education Committee.*

*After the course contact the Area Director as follows:*

Bham & Solihull Dr Sarby Soorae [sarabjit.soorae@hee.nhs.uk](mailto:sarabjit.soorae@hee.nhs.uk)

Black Country Dr Ian Reed [ian.reed@hee.nhs.uk](mailto:ian.reed@hee.nhs.uk)

Coventry & Warks Dr Libby Hodges [libby.hodges@hee.nhs.uk](mailto:libby.hodges@hee.nhs.uk)

Hereford & Worcs Dr Fiona Kameen [fiona.kameen@hee.nhs.uk](mailto:fiona.kameen@hee.nhs.uk)

Staffs & Shrops Dr Fiona Sellens [fiona.sellens@hee.nhs.uk](mailto:fiona.sellens@hee.nhs.uk)

**\*\* PLEASE COMPLETE THIS APPLICATION AND RETURN BY EMAIL TO THE FACULTY SUPPORT TEAM**

[Facultysupportteam.wm@hee.nhs.uk](mailto:Facultysupportteam.wm@hee.nhs.uk)

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| **For Office Use Only** | | | |
| **Area Director Name:** | **Approved**  **Not Approved** | **Urgent**  **Non-Urgent** | **Signature:** |
| Reasons for non-approval |  | | |
| Trainers’ Course |  | | |
| Date of Trainer Course |  | | |