**Cambridgeshire and Peterborough Training Hub**

**Development of Portfolio Careers Application Form**

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| **Name:** | | **Practice:**  **PCN:** |
| **Job title :** | |  |
| **Question** | | **Response** |
| 1 | What is the title of the training course or study? |  |
| 2 | Who is the training provider/study supervisor? |  |
| 3 | What is the length of the training course/period of study? |  |
| 4 | How many hours will be required to complete the training course/period of study? |  |
| 5 | What is the cost of the training course/period of study? |  |
| 6 | How will the training course/period of study contribute to the development of a portfolio career for you?  (max 100 word reply) |  |
| 7 | How will the training course/period of study help to address current or future challenges across primary care in your practice, PCN or at scale ?  (max 200 word reply) |  |

**Please return your application form to:** Email: [candptraininghub@nhs.net](mailto:candptraininghub@nhs.net)

Telephone: 01733 666670

**Your application will be assessed by the Cambridgeshire and Peterborough Training Hub Project Manager. Decisions will be communicated to applicants within 2 working weeks.**