A picture containing drawing, light

Description automatically generated

**Cambridgeshire and Peterborough Training Hub**

**General Practice Fellowship 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| Application Form | | | |
| Name of Practice: | Click or tap here to enter text. | | |
| Practice Contact: | Click or tap here to enter text. | | |
| Contact Email: | Click or tap here to enter text. | | |
| Contact Phone: | Click or tap here to enter text. | | |
| Name of Practice Mentor | Click or tap here to enter text. | | |
| Role: GP or Nurse | Choose an item. | | |
| Name of Fellow: (if already appointed) | Click or tap here to enter text. | | |
| Date of Qualification: | Click or tap to enter a date. | Contract Start Date: | Click or tap to enter a date. |
| % WTE (Work hours): | Click or tap here to enter text. | Date of Application: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| ***Please note that as part of the fellowship agreement the practice is required to commit to -*** | |
| Provide and deliver a supported induction programme | Agreed: |
| Assign a named in-house mentor 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: |

|  |  |  |
| --- | --- | --- |
| ***Signature (Practice Manager or Senior GP)*** | | |
| Signed: ­­ Click or tap here to enter text. | | |
| Print name: Click or tap here to enter text. | Date of Application: | Click or tap to enter a date. |

**Please return completed form by email to:** [**candptraininghub@nhs.net**](mailto:candptraininghub@nhs.net?subject=CPD%20Request%20Form%20and%20Contract) **(Please include Practice name in the filename)**

**Or** [**click here**](https://cptraininghub.nhs.uk/general-practice-fellowship-application-form/) **to complete your application online**