

**Pride in Practice Application Form**

Form to be signed and submitted as confirmation you are expressing an interest in the 12-month pilot programme to work with the LGBT Foundation and C&P Training Hub. As part of this programme, you will need to be fully committed to engaging with the training & related activities as required to undertake the programme. This includes committing to in person training.

Please email your submission to candptraininghub@nhs.net

**Once you have submitted your application form, Training Hub will review and be in touch.**

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| **Practice Details** |
| **Practice Name** |  |
| **Address** |  |
| **Please provide details of the Practice Partner or Senior manager supporting this application** |
| **Name:** |  |
| **Role:** |  |
| **Email Address:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Please provide details of the person submitting this application (this individual will be the main contact & who LGBT foundation will arrange meetings/training dates with)** |
| **Name:** |  |
| **Role:** |  |
| **Email Address:** |  |

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| **Application Details**  |
| **Do you meet any of the additional criteria set? (Please check the box)** | [ ] **Over 4,300 registered patients aged between 20-29 years (representing practices in student areas, based on data according to** [**13-month time series C&P ICB NHS Digital**](https://app.powerbi.com/view?r=eyJrIjoiNGZhOTc3ZGQtNmUwOS00M2M3LWFlZTItZjliMzNlYjExNmM5IiwidCI6IjM3YzM1NGIyLTg1YjAtNDdmNS1iMjIyLTA3YjQ4ZDc3NGVlMyJ9)**)** [ ] **Serves a registered patient list size of <7,000 (representing rural practices, based on data according to** [**13-month time series C&P ICB NHS Digital**](https://app.powerbi.com/view?r=eyJrIjoiNGZhOTc3ZGQtNmUwOS00M2M3LWFlZTItZjliMzNlYjExNmM5IiwidCI6IjM3YzM1NGIyLTg1YjAtNDdmNS1iMjIyLTA3YjQ4ZDc3NGVlMyJ9)**)** [ ] **On IMD 2019 health sub-domain top 10 (representing practices in areas of high deprivation, based on data according to** [**fig.26 (pg26) Cambridgeshire insight report**](https://cambridgeshireinsight.org.uk/wp-content/uploads/2019/11/PCN-IMD-2019-Report_Final.pdf)**)**  |
| **Please tell us how you think the Pride in Practice accreditation could support your practice in delivering better patient outcomes (max 400 words)** |  |
| **Can you foresee any barriers or challenges to engaging with this programme and what support you might you need from us to overcome them?** |  |
| **If you are aware, please state your practice LGBQT+ population size** |  |