A picture containing drawing, food, light

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**PCN Education & Workforce Lead  
Application Form**

PCN to agree nominated lead, form to be signed and submitted by Clinical Directors as confirmation you support release of the PCN leads time. We appreciate you may not know who you will nominate for the lead role at this stage of submitting an expression of interest, please keep us updated throughout October and ahead of the launch event in November. Submit to [candptraininghub@nhs.net](mailto:candptraininghub@nhs.net)

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

|  |  |
| --- | --- |
| **PCN Details** | |
| **PCN Name** |  |
| **PCN Clinical Director** |  |
| **Signature & Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Education & Workforce Lead** | | |
| **Name** | **Contact Details** | **Practice within PCN** |
|  |  |  |
| **Reason for selection to role:** |  | |
| **Signature & Date:** |  | |