

# Primary Care Kent Surrey and Sussex

## Application form for Advanced Practice 2025

In collaboration with KSS Primary Care School and  
NHSE South East Advanced Practice Faculty

## Application form for Primary Care - MSc Advanced Clinical Practice programme commissioned places

This application form consists of four sections. You are required you to complete all sections clearly.

Section 1: Personal and Professional details

Section 2: Declaration of support from Practice Manger

Section 3: Declaration of support from 'Coordinating Education Supervisor'

Section 4: Personal intention form

## SECTION 1: PERSONAL AND PROFESSIONAL DETAILS

Personal Details:			
First Name:		Surname:	
Preferred name:		Your pronouns	She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
Accessibility / learning need requirements:			
Profession:			
Date of registration:		Years post-registration experience? (Minimum 3 years FTE nursing 5 years FTE AHPs as per roadmaps):	
Current Job Title:			
Holds a substantive contract with a Primary Care organization?  How many hours a week?	YES / NO	Length of time employed in primary care (Minimum 1 year):	
Name of Primary Care Employer and Work Address:			
NHS email address:		Contact telephone no:	
Supervision and Assessing pre-registration/undergraduate students			
Have you been an active Educator i.e., Practice Assessor / Supervisor in the last 12 months?	YES / NO	If <b>NO</b> , are you willing to supervise/assess students or undertake training?	YES / NO
Previous courses completed / applied for:			
Have you already completed any modules identified within the program? <i>If so, please give details.</i>			



Academic References (Supportive literature used in Personal Statement).

## SECTION 2: DECLARATION OF SUPPORT FROM PRACTICE MANGER

To be completed by the employer (Practice Manager/Lead GP)	
Applicant Name:	
Employer Readiness document completed and returned to Training Hub?	YES / NO
The practice is working towards developing a multi-professional learning environment.	YES / NO
The applicant will be provided with clear expectations of the scope of practice as a trainee ACP i.e., relevant trainee ACP job descriptions (JD), job plans (JP) and appropriate level of indemnity whilst training and will be updated post qualifying (Trainee JDs and JPs are to be submitted with application form).	YES / NO
<p>The applicant will be fully supported to develop and work at an advanced level by an appropriately trained Coordinating Educational Supervisor. The coordinating educational supervisor must satisfy one of the following:</p> <ul style="list-style-type: none"> <li>• A qualified ACP or GP of at least 3 years' experience with the NHSE Roadmap supervisors training</li> <li>• A GP ES (trainer)</li> </ul> <p>All supervisors will have expert knowledge of the area of practice they are supervising, have education experience and be a skilled facilitator able to support learning, development, assessment and verification of competence and capability.</p> <p><i>N.B. Supervisor can be from within the PCN or neighboring PCN.</i></p>	YES / NO
The applicant will have agreed on-the-job protected learning time and off-the-job study leave whilst training.	YES / NO
Coordinating Educational Supervisor has time specified in their job plans for supervision of ACP (minimum 1 hour per week).	YES / NO
The applicant will be supported to access placements / supervision to develop across the four pillars of advanced practice by skills-specific supervision as identified within their Personal Development Plan and Job Plan.	YES / NO
The applicant will be fully supported to attend regular Advanced Practice Forums / Peer Support / Action Learning Sets for ACPs during training and once qualified.	YES / NO
The applicant has a clearly defined substantive ACP post to move into on completion of their training.	YES / NO
The applicant will continue to be supported with appropriate continuous professional development and an annual appraisal once qualified.	YES / NO
Please state why your practice is supporting this employee to become an Advanced Clinical Practitioner.	
What will be the benefit of having an Advanced Clinical Practitioner	

to your practice and PCN and meeting local population need?			
Please state how you will support the applicant during the transition phase from their current role to a trainee ACP and once qualifying?			
What will they do differently?			
<b>Funding:</b>			
<b>As an education grant is provided, it is expected as a minimum that the employer will release the learner for 20% off-the-job learning, inclusive of study leave and on-the-job protected supervision time.</b>			
Please confirm that the practice will allow the minimum required amount of study time and protected supernumerary clinical sessions for the entire duration of the program as above.	<b>YES / NO</b>		
If a programme outside the commissions is sought NHSE may not fund this directly. Money to pay the course fee will be sent to the practice with other monies for the programme. Are you happy to pay the programme fee if required.	<b>YES / NO</b>		
<b>I agree to support the applicant for this program of study (to be completed by manager)</b>			
Name of Manager:		Job Title:	
Contact Address:			
	<b>Post code:</b>		
Signature:		Print name:	
		Date:	
Email address:			
Telephone		Mobile:	

**SECTION 3: DECLARATION OF SUPPORT FROM 'COORDINATING EDUCATION SUPERVISOR'. Please refer to supervision guidance.**

<b>Supervising Practitioners Details:</b>			
Applicant Name:			
Full name of 'Coordinating Education Supervisor':		Phone Number:	
Practice Address:		Email Address:	
I agree to work with the PCN towards developing a multi-professional learning environment.			<b>YES / NO</b>
Are you happy to provide on-going supervision, support, identify opportunities to develop and undertake competence assessments for the trainee as set out in Section 2 of this form?			<b>YES / NO</b>
As a Coordinating Educational Supervisor, I have time specified in my job plans for supervision of ACP (minimum 1 hour per week).			<b>YES / NO</b>
<p>The applicant will be fully supported to develop and work at an advanced level by an appropriately trained Coordinating Educational Supervisor. The coordinating educational supervisor must satisfy one of the following:</p> <ul style="list-style-type: none"> <li>A qualified ACP or GP of at least 3 years' experience with the NHSERoadmap supervisors training</li> <li>A GP ES (trainer)</li> </ul> <p>All supervisors will have expert knowledge of the area of practice they are supervising, have education experience and be a skilled facilitator able to support learning, development, assessment and verification of competence and capability.</p> <p><i>N.B. Supervisor can be from within the PCN or neighboring PCN.</i></p>		<b>ES</b>	<b>YES / NO</b>
		<b>CS</b>	<b>YES / NO</b>
		<b>Qualified ACP</b>	<b>YES / NO</b>
		<b>GP</b>	<b>YES / NO</b>
Has completed the NHSERoadmap supervisors training or is a GP ES (trainer) and has the expert knowledge of Advancing Clinical Practice?		<b>YES / NO</b>	
NHSESupervisor readiness document completed and attached. <i>This is required.</i>		<b>YES / NO</b>	
Briefly outline your experience of teaching, supervision and assessment of students and your understanding of the support ACP trainees require.			
I confirm that I have agreed to oversee learning, supervise and support the applicant in their development to become an Advanced Clinical Practitioner over the duration of the program. I agree to facilitate the identification of alternative supervision for the learner, should I leave my post before completion of the program.			
Signature:		Date:	



## SECTION 4: PERSONAL INTENTION FORM

Application Declaration:			
If successful in my application:			
<input type="checkbox"/>	I declare I am not currently subject to any concerns or complaints about my fitness to practice, either with my employer or professional regulator.		
<input type="checkbox"/>	I agree to work with the PCN towards developing a multi-professional learning environment and continues to work to develop others around them.		
<input type="checkbox"/>	I agree to remain working within the Organisation identified on this application form for the duration of the programme.		
<input type="checkbox"/>	I agree to notify the training hub if I intend to change employer within the duration of the training. <i>The Training Hub understands that in exceptional circumstances learners may transfer to other employment. However, transfer of funding to other employers within the duration of the training is not guaranteed.</i>		
<input type="checkbox"/>	I agree to notify the training hub if I defer, extend, or cease my studies. <i>The Training Hub will consider the impact of the changes and may ask the learner to provide further information in writing to support the request.</i>		
<input type="checkbox"/>	I agree that the HEI and Supervisors can update both my employer and the Training Hub on my progress as required.		
<input type="checkbox"/>	I agree NOT to undertake any additional module bearing programmes or fellowships whilst undertaking the MSc in Advanced Practice		
<input type="checkbox"/>	I agree to attend regular Advanced Practice Forums / Peer Support / Action Learning Sets to support my learning.		
<input type="checkbox"/>	<b>I agree to provide a summary report to the TH every 6 months or sooner if any concerns arise.</b>		
<input type="checkbox"/>	Trainee Job Description and example Job plan submitted with application.		
<input type="checkbox"/>	NHSEACP readiness checklists completed and returned.		
<input type="checkbox"/>	Commitment statement completed and returned.		
<input type="checkbox"/>	GDPR completed and returned.		
<input type="checkbox"/>	Equal Opportunities Monitoring Form returned.		
Student Name:			
Signature:		Date:	
APPLICANT CHECKLIST – ALL SECTIONS MUST BE COMPLETED IN FULL:			
Have all FOUR sections of the application form been completed?			YES / NO
Have you obtained the signature of: - Your line manager? - Your 'Coordinating Education Supervisor'?			YES / NO
The details regarding funding in Section 2 of the form have been discussed and understood.			YES / NO

## Appendix 8: Application form to request transfer of funding

This application form consists of four sections. You are required you to complete all sections clearly.

Section 1: Personal and Professional details

Section 2: Declaration of support from Practice Manger

Section 3: Declaration of support from 'Coordinating Education Supervisor'

Section 4: Personal intention form

## SECTION 1: PERSONAL AND PROFESSIONAL DETAILS

Personal Details:			
First Name:		Surname:	
Profession:			
Current Job Title:			
Name of Primary Care Employer and Work Address:			
Previous employers' details: <i>Including date left.</i>			
NHS email address:		Contact telephone no:	
Supervision and Assessing pre-registration/undergraduate students			
Have you been an active Educator i.e. Practice Assessor / Supervisor in the last 12 months?	YES / NO	If <b>NO</b> , are you willing to supervise/assess students or undertake training?	YES / NO
Previous courses completed / applied for:			
Have you already completed any modules identified within the program? <i>If so, please give details.</i>			
University details – Include details such as PGDip or MSc.			

## SECTION 2: DECLARATION OF SUPPORT FROM PRACTICE MANGER

<b>To be completed by the employer. (Practice Manager/Lead GP)</b>			
Applicant Name:			
Employer Readiness Checklist completed and returned to Training Hub.			YES / NO
The practice is working towards developing a multi-professional learning environment.			YES / NO
The applicant will be provided with clear expectations of the scope of practice as a trainee ACP i.e., relevant trainee ACP job descriptions (JD), job plans (JP) and appropriate level of indemnity whilst training and will be updated post qualifying. (Trainee JDs and JPs are to submit with application form).			YES / NO
<p>The applicant will be fully supported to develop and work at an advanced level by an appropriately trained Coordinating Educational Supervisor. The coordinating educational supervisor must satisfy one of the following:</p> <ul style="list-style-type: none"> <li>• A qualified ACP or GP of at least 3 years' experience with the NHSE Roadmap supervisors training</li> <li>• A GP ES (trainer).</li> </ul> <p>All supervisors will have expert knowledge of the area of practice they are supervising, have education experience and be a skilled facilitator able to support learning, development, assessment and verification of competence and capability.</p> <p><i>N.B. Supervisor can be from within the PCN or neighboring PCN.</i></p>			YES / NO
The applicant will have agreed on-the-job protected learning time and off-the-job study leave whilst training.			YES / NO
Coordinating Educational Supervisor has time specified in their job plans for supervision of ACP (minimum 1 hour per week).			YES / NO
The applicant will be supported to access placements / supervision to develop across the four pillars of advanced practice by skills-specific supervision as identified within their Personal Development Plan and Job Plan.			YES / NO
The applicant will be fully supported to attend regular Advanced Practice Forums / Peer Support / Action Learning Sets for ACPs during training and once qualified.			YES / NO
The applicant has a clearly defined substantive ACP post to move into on completion of their training.			YES / NO
The applicant will continue to be supported with appropriate continuous professional development and an annual appraisal once qualified.			YES / NO
<b>Funding:</b>			
<b>As an education grant is provided, it is expected as a minimum that the employer will release the learner for 20% off-the-job learning, inclusive of study leave and on-the-job protected supervision time.</b>			
Please confirm that the practice will allow the minimum required amount of study time and protected supernumerary clinical sessions for the entire duration of the program as above.			YES / NO
<b>I agree to support the applicant for this program of study (to be completed by manager)</b>			
Name of Manager:		Job Title:	

Contact Address:	<b>Post code:</b>		
Signature:		Print name:	
		Date:	
Email address:			
Telephone		Mobile:	

### SECTION 3: DECLARATION OF SUPPORT FROM 'COORDINATING EDUCATION SUPERVISOR'.

*Please refer to supervision guidance.*

Supervising Practitioners Details:			
Applicant Name:			
Full name of 'Coordinating Education Supervisor':		Phone Number:	
Practice Address:		Email Address:	
I agree to work with the PCN towards developing a multi-professional learning environment.			YES / NO
Are you happy to provide on-going supervision, support, identify opportunities to develop and undertake competence assessments for the trainee as set out in Section 2 of this form?			YES / NO
As a Coordinating Educational Supervisor, I have time specified in my job plans for supervision of ACP (minimum 1 hour per week).			YES / NO
<p>The applicant will be fully supported to develop and work at an advanced level by an appropriately trained Coordinating Educational Supervisor. The coordinating educational supervisor must satisfy one of the following:</p> <ul style="list-style-type: none"> <li>• A qualified ACP or GP of at least 3 years' experience with the NHERoadmap supervisors training</li> <li>• A GP ES (trainer)</li> </ul> <p>All supervisors will have expert knowledge of the area of practice they are supervising, have education experience and be a skilled facilitator able to support learning, development, assessment and verification of competence and capability.</p> <p><i>N.B. Supervisor can be from within the PCN or neighboring PCN.</i></p>		ES	YES / NO
		CS	YES / NO
		Qualified ACP	YES / NO
		GP	YES / NO
Has completed the NHERoadmap supervisors' training or is a GP ES (trainer) and has the expert knowledge of Advancing Clinical Practice?		YES / NO	
NHSESupervisor readiness document completed and attached, <i>This is required,</i>		YES / NO	
I confirm that I have agreed to oversee learning, supervise, and support the applicant in their development to become an Advanced Clinical Practitioner over the duration of the program. I agree to facilitate the identification of alternative supervision for the learner, should I leave my post before completion of the program.			
Signature:		Date:	

## SECTION 4: PERSONAL INTENTION FORM

Application Declaration:			
If successful in my application:			
<input type="checkbox"/>	I declare I am not currently subject to any concerns or complaints about my fitness to practice, either with my employer or professional regulator.		
<input type="checkbox"/>	I agree to work with the PCN towards developing a multi-professional learning environment and continues to work to develop others around them.		
<input type="checkbox"/>	I agree to remain working within the Organisation identified on this application form for the duration of the programme.		
<input type="checkbox"/>	I agree to notify the training hub if I intend to change employer within the duration of the training. <i>The Training Hub understands that in exceptional circumstances learners may transfer to other employment. However, transfer of funding to other employers within the duration of the training is not guaranteed.</i>		
<input type="checkbox"/>	I agree to notify the training hub if I defer, extend, or cease my studies. <i>The Training Hub will consider the impact of the changes and may ask the learner to provide further information in writing to support the request.</i>		
<input type="checkbox"/>	I agree to attend regular Advanced Practice Forums / Peer Support / Action Learning Sets to support my learning.		
<input type="checkbox"/>	<b>I agree to provide a summary report to the Training Hub every 6 months or sooner if any concerns arise.</b>		
<input type="checkbox"/>	Trainee Job Description and example Job plan submitted with application.		
<input type="checkbox"/>	NHSE ACP readiness checklist completed and returned.		
<input type="checkbox"/>	Commitment statement updated.		
<input type="checkbox"/>	Equal Opportunities Monitoring Form returned.		
Student Name:			
Signature:			Date:
APPLICANT CHECKLIST – ALL SECTIONS MUST BE COMPLETED IN FULL:			
Have all FOUR sections of the application form been completed?			YES / NO
Have you obtained the signature of: - Your line manager? - Your 'Coordinating Education Supervisor'?			YES / NO
The details regarding funding in Section 2 of the form have been discussed and understood			YES / NO

## Appendix 11: Equal Opportunities Monitoring Form

### EQUAL OPPORTUNITIES MONITORING FORM

NHSE wants to meet the aims and commitments set out in its equality policy, which includes not discriminating under the Equality Act 2010. We want to understand our employees. We ask questions to collect overall statistical information – not to pinpoint individuals but help us to understand which groups are underrepresented in our workforce and whether all groups' needs are met. Your information is safe and answers are confidential.

Help us become a more inclusive employer. By learning more about our workforce, we can make sure everyone feels welcome, supported, and able to succeed here.

<b>1. What best describes your Gender:</b> (please <u>tick</u> appropriate box)			
Male	<input type="checkbox"/>	Intersex	<input type="checkbox"/>
Female	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>
Genderfluid	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>



If you prefer to use your own term, *please specify here*:

**2. Do you consider yourself to be Trans?**

(Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex you were assigned at birth?)

Yes ☐  
No ☐  
Prefer not to say ☐

**3. Are you married or in a civil partnership?**

Yes ☐  
No ☐  
Prefer not to say ☐

**4. Age:**

16-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65+	<input type="checkbox"/>
35- 44	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
45-54	<input type="checkbox"/>		

  

**5. What is your ethnicity?**

**Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive to belong. I would describe my ethnic origin as:**

*(please **tick** the appropriate box or provide further detail as appropriate)*

White	Asian/ Asian British	Black/ African/ Caribbean/ Black British
English <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
British <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Welsh <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Scottish <input type="checkbox"/>	Chinese <input type="checkbox"/>	
Northern Irish <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Irish <input type="checkbox"/>		
Gypsy or Irish Traveller <input type="checkbox"/>		
Prefer not to say <input type="checkbox"/>		

Other White Background (please write in):	Other Asian background (please write in):	Other Black/ African/ Caribbean background (please write in):
<b>Mixed/multiple ethnic</b>	<b>Any other Ethnic background, please write in:</b>	<b>Other ethnic group (please specify):</b>
White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Arab <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
<b>6. My sexual orientation is:</b>		
Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi (umbrella term to encompass pan and queer) <input type="checkbox"/>	Asexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	

If you prefer your own term, *please specify here*:

**7. Please indicate your religion or belief:**

Atheism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Paganism	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Humanist	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

If other, *please specify here*:

**8. Do you consider yourself to have a disability under the Equality Act 2010 or health condition?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If **yes**, please indicate your disability:

Deaf or hearing impairment	<input type="checkbox"/>	Facial disfigurement	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>
Blind or visual impairment	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	Breathing Problems	<input type="checkbox"/>
Progressive conditions	<input type="checkbox"/>	Other	<input type="checkbox"/>
Learning difficulties (eg dyslexia, dyspraxia)	<input type="checkbox"/>	Prefer not to Say	<input type="checkbox"/>

*In the Equality Act 2010 a person has a disability if:*

- *They have a physical or mental impairment*
- *The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities*

*For the purpose of the Act, these words have the following meanings:*

- *'substantial' meaning more than minor or trivial*
- *'long-term' meaning that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)*
- *'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping*

The information in this form is for monitoring purposes only. If you believe you need a 'workplace adjustment' then please discuss this with the recruiting manager.

**9. Do you consider yourself to have caring responsibilities**

- Yes ☐
- No ☐
- Prefer not to say ☐

If **yes**, please specify:

Primary carer of a child/children (under 18)	<input type="checkbox"/>	Primary carer of older person/people (65 and over)	<input type="checkbox"/>
Primary carer of disabled child/children	<input type="checkbox"/>	Secondary Carer	<input type="checkbox"/>
Primary carer of disabled adult (18 and over)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

**NOTE:** Please return the completed form to your relevant Training Hub alongside your application.