**The below form is to be completed by the student, Practice Manager and GP Mentor.**

**Please complete the below form and email it directly to (GeneralPracticeAssistant@bucks.ac.uk), copying in your Practice Manager and GP Mentor.**

| 1. **Student Details**
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| Surname: | Click or tap here to enter text. |
| Forename: | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Your current Role | Click or tap to enter a date. |
| **Learner Confirmation:** |
| I confirm I am in a GPA role |[ ]
| I confirm I have a GP and secondary mentor |[ ]
| I understand I am expected to complete the programme unless extenuating circumstances prevent me (e.g., pregnancy, health issues) and will provide confirmation from a doctor in such cases. |[ ]
| I confirm that I will complete all 5 domains and the required action learning sets for the course and Phlebotomy training. |[ ]
| Name: (please type full name) | Click or tap here to enter text. |
| Signature: (type name if filling electronically) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

| 1. **Employment Details**
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| Name of employing practice: | Click or tap here to enter text. |
| Start date with employing practice: | Click or tap to enter a date. |
| Employer address & postcode: | Click or tap here to enter text. |
| PCN: | Click or tap here to enter text. |

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| NHS Buckinghamshire, Oxfordshire and Berkshire West ICB |[ ]
| NHS Frimley ICB |[ ]
| NHS Hampshire and Isle Of Wight ICB |[ ]
| NHS Kent and Medway ICB |[ ]
| NHS Surrey Heartlands ICB |[ ]
| NHS Sussex ICB |[ ]
| Bucks New University is linked and works closely with all the Training Hubs mentioned above |  |

| **Dear managers, please put forward the name of the candidate for September cohort 2024.**Each practice/PCN will only be able to put forward **one** candidate for this cohort to ensure equity of allocated places. |
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| **Student Details:** Names and Email Address |
| Click or tap here to enter text. | Click or tap here to enter text. |

| 1. **Practice Manager**
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| Practice Manager name: | Click or tap here to enter text. |
| Practice Manager contact email: | Click or tap here to enter text. |
| Practice contact number: | Click or tap here to enter text. |
| **Practice Manager Confirmation:** |
| I confirm that this candidate is appropriate for the GPA certificate as per the supporting guidance and I will meet with the BNU and ICB leads at the interview process to discuss academic expectations and requirements.I confirm that as authorised signatory and supporting manager, I will meet with the BNU and ICB leads twice during the duration of the course to discuss progress and or more frequently if issues of the learner arise via MS Teams. |[ ]
| Funding of £2,000 per trainee is available upon successful completion of the program. These funds support the employing practice/PCN in providing supervision (half a day per week) and progression of the learner.**Please note** that practical training in clinical skills (phlebotomy and ECG) needs to be funded and arranged by the employer. Please contact your local Training Hub or Primary Care School for more details on what is available. |[ ]
| I confirm that student will be released 0.5 days a week for protected learning time with organised supervision. |[ ]
| Name: (please type full name) | Click or tap here to enter text. |
| Signature: (type name if filling electronically) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

| 1. **GP Mentor**
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| GP Mentor name: | Click or tap here to enter text. |
| GP Mentor contact email: | Click or tap here to enter text. |
| GP Mentor contact number: | Click or tap here to enter text. |
| **GP Primary Mentor Confirmation:** |
| I understand that I will mentor the candidate and that I am responsible for approving their competencies in the relevant areas. |[ ]
| Name: (please type full name) | Click or tap here to enter text. |
| Signature: (type name if filling electronically) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

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| **Secondary Mentor Confirmation** |
| I understand that I will mentor the candidate and that I am responsible for approving their competencies in the relevant areas. |[ ]
| Name: (please type full name) | Click or tap here to enter text. |
| Signature: (type name if filling electronically) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |