**Quality Improvement Fellow: Application Form**

Please complete this form in its entirety. If you are submitting any additional sheets please indicate on the top of each sheet your name, GMC number and training programme.

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| --- | --- | --- | --- | --- |
| **Section 1 – Personal details** | | | | |
|  | | | | |
| **Applicant surname:** |  | | | |
| **Applicant forenames:** |  | | | |
| **GMC Number** |  | | **NTN / DRN Number:**  *(where applicable)* |  |
| **Email address:** |  | | | |
| **Mobile number:** |  | | | |
| **Postal address:**  *(including postcode)* |  | | | |
|  | | | | |
| **Section 2 – Training details** | | | | |
|  | | | | |
| **Current training programme** | |  | | |
| **Current training grade** | |  | | |
| **Current training year:** | |  | | |
| **Current training post:** | |  | | |
| **Current employer:** | |  | | |
| **Date and outcome of last ARCP/ RITA:** | |  | | |
| **Anticipated CCT date:** | | /     / | | |

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| **Section 3 – Applicant submission** |
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| **Reason for wanting to undertake this secondment?** (<250) |
|  |
| **Why do you believe you would be suitable for this secondment?** (<250) |
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| **Section 4 - Reference** | | |
| I, as the Training Programme Director for this trainee, support this application and confirm that:        (name of trainee) is a suitable candidate: | | |
| **Full Name:** | |  |
| **Employer** | |  |
| **GP Practice (if required)** | |  |
| **Contact email address:** | |  |
| **Signature and Date:** | | /     / |
| I, the trainee, confirm that:   * the information provided via this application is true and accurate; * I can provide evidence and additional documentation if required by Health Education England – working across the South West; * I have read and understood the terms and conditions of the secondment | | |
| **Full Name:**  **(block capitals)** |  | |
| **Trainee signature:** |  | |
| **Date signed:** | /     / | |

***Please return the completed application by 5pm on Tuesday 5th March 2019 to:***

**Chrissie Smaldon**

**Faculty Development**

**Peninsula Postgraduate Medical Education**

**Plumer House**

**Tailyour Road**

**Plymouth**

**PL6 5DH**

**Tel: (01752) 590639 or PENFaculty.SW@hee.nhs.uk**

**INTERVIEW DATE:**

|  |  |
| --- | --- |
| **DAY:** | TBC |
| **DATE:** | W/C 01/04/2019 |
| **VENUE:** | TBC |

**ANY ADDITIONAL INFORMATION:**