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|  | Somerset Training Hub |

# Application Form for Somerset Newly Qualified GPN Fellowship Scheme

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Date: |  |
|  | Last | First |  |  |

|  |  |  |
| --- | --- | --- |
| When do you want your Fellowship to begin (runs for 24months from start): |  |  |
|  | Month | Year |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| NMC PIN: |  |

|  |  |
| --- | --- |
| Date qualified as nurse (the programme is open to any nurse qualifying since November 2018 and working in substantive post in Somerset General Practice):  |  |

|  |  |
| --- | --- |
| Name/Place where nurse Training was undertaken: |  |

## Employing Practice/PCN Application/Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Name: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PCN: |  | Employer if different from Practice Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No of hours worked per week: |   | Job Role/Title: |  |

|  |
| --- |
| Name of Supervisor: |
| **I have discussed my interest in the New to Practice Fellowship with:** |
| **Practice Manager: Yes No** | **Practice Lead Nurse: Yes No** |

## Disclaimer and Signature

 I certify that my answers are true and complete to the best of my knowledge..

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| **Name:** |  | **Title:** |  |