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|  | Somerset Training Hub |

# Application Form for Somerset Newly Qualified GP Fellowship Scheme

## Applicant Information

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

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

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

|  |  |
| --- | --- |
| GMC Number: |  |

|  |  |
| --- | --- |
| Date of completed GP Training (The programme is open to any GP qualifying since November 2018 and working in substantive post in Somerset General Practice): |  |

|  |  |
| --- | --- |
| Name/Place of GP Training Programme: |  |

|  |  |  |
| --- | --- | --- |
| Current member of SGPET? (Fellowship programme gives you free membership to SGPET) | YES | NO |

## Details of your current/upcoming post as newly qualified GP

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Name: |  | Town/Village: |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date started/starting in current practice: |  | Type of substantive post (Salaried/Partner) | |  | Sessions worked per week: |  |
| I have discussed my interest in the New to Practice Fellowship with the Practice Manager: | | | Yes No | | | |

## Disclaimer and Signature

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

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |