**GP ASSISTANT CERTIFICATE ENROLMENT FORM**

**To be completed for ALL Learners. Please ensure that all mandatory requirements with a \* are completed.**

1. **\*Learner Details**

|  |  |  |
| --- | --- | --- |
| **\*TITLE** | **\*FORENAMES** | **\*SURNAME** |
|  |  |  |
| **\*DATE OF BIRTH** | **\*NI NUMBER** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MALE** | **FEMALE** | **OTHER** |
| **AGE BETWEEN 16-18** | **AGE BETWEEN 19-23** | **AGE 24+** |
| **\*ADDRESS** |  |
| **\*POSTCODE** |  |
| **\*TELEPHONE NUMBER** |  |
| **\*EMAIL ADDRESS** |  |
| **\*HAVE YOU BEEN A PERMANENT RESIDENT IN THE UK OR EUROPE FOR 3 YEARS OR MORE?** | **YES / NO** |
| **DBS (ENHANCED)** | **Please provide your enhanced DBS reference number** |  |
|  | **Please provide the date of the DBS Certificate** |  |

1. **\*Employment Status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ARE YOU EMPLOYED?** | **Y / N** | **SELF EMPLOYED** | **Y / N** | **VOLUNTEER** | **Y / N** |
| **NEWLY RECRUITED IN LAST 3 MONTHS** | **Y / N** | **DO YOU HAVE AN EMPLOYMENT CONTRACT?** | **Y / N** | **DO YOU HAVE A VOLUNTEER AGREEMENT?** | **Y / N** |

|  |  |
| --- | --- |
| **NAME OF EMPLOYER** | **START DATE WITH EMPLOYER** |
|  |  |
| **EMPLOYER ADDRESS & POSTCODE** |  |
| **CONTACT NAME** | **CONTACT NUMBER** |
|  |  |
| **CONTACT EMAIL** | **\*EMPLOYER REGISTRATION NUMBER** |
|  |  |
| **PRACTICE MANAGER NAME** | **CONTACT NUMBER** |
|  |  |
| **CONTACT EMAIL** | **SUPPORTING STATEMENT** |
|  |

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| --- |
| **I confirm that this candidate is appropriate for the GPA certificate as per the supporting guidance:** **Signature:** **Date:**  |
|  |

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| **GP MENTOR NAME** | **CONTACT NUMBER** |
|  |  |
| **CONTACT EMAIL** | **SUPPORTING STATEMENT** |
|  | **I understand that I will mentor the candidate and am responsible for approving their competencies in the relevant areas:** **Signature:** **Date:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNER SIGNATURE** |  | **DATE** |  |