#

**Somerset Training Hub**

# Application Form for Somerset Newly Qualified GP 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: |  |

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

|  |  |
| --- | --- |
| Date of completed GP Training:  |  |

|  |  |
| --- | --- |
| 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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of substantive post (Salaried/Partner): |  | Sessions worked per week and which are your working days: |  |

## Disclaimer and Signature

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

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