**GPH**

**Group Peer Support for GPs - GPS Project**

**PART ONE - APPLICATION**

**Proposal Lead Name & Contact Details**

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Organisation . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Phone number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Proposed Group Leader**

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Organisation . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Phone number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Type of Therapist/Facilitator. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Proposal Content**

Type of Group . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Proposed number attending . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Proposed frequency and duration . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Commitment**

* There will be at least 8 GPs registered to attend the group
* All GPs will complete the pre-registration document before the group commences
* The group will be a reflective space – which meets for at least 60 minutes a session
* If the group want to take a Balint approach then this is for the group to determine, although we encourage open reflective spaces where members can talk about the emotional impact of their work on themselves.
* Each group member will complete a set of required basic questionnaires – i.e. PHQ 9, GAD7, Burn out Questionnaire.
* NHS GPH will fund up to a total of 900 minutes (in 10 X 90 minute sessions or whatever is required)
* Any additional funding over and above GPH funding to be provided by group members

**Approval**

All proposals are to be signed off by GPH

Date Approved . . . . . . . . . . . . . . . . . . . . . . . .

**PART TWO – GROUP OPERATIONAL**

Names Facilitator Appointed (name and date)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Group members complete registration form

. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Invoice submitted to GPH Finance Team (date and by whom)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Funding processed by GPH Finance Team

. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Evaluation completed by lead and submitted to GPH (date and by whom)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . .