

## Application Form VTS Facilitator 2015 /2016

Before completing the application form please read  
The Applicant Guidance Notes

Closing date for applications is  
12 midday 25th May 2015

Please submit this form electronically to: [practice.manager@nes.scot.nhs.uk](mailto:practice.manager@nes.scot.nhs.uk)

Liz Cook 0141 223 1559  
[elizabeth.cook@nes.scot.nhs.uk](mailto:elizabeth.cook@nes.scot.nhs.uk)  
PA to

National Coordinator Scottish Practice Management Development Network  
NHS Education for Scotland, 89 Hydepark Street, 2 Central Quay,  
Glasgow G3 8BW

**VTS Facilitator 2015 /2016 - Guidance on Completing the Application Form**

## Your Contact Details

Title:*	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Other:	<input type="text"/>
First Name:*	<input type="text"/>							
Surname:*	<input type="text"/>							
Address:*	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>						Postcode:*	<input type="text"/>
Home Telephone:*	<input type="text"/>				Mobile NO:*	<input type="text"/>		
Home E-mail:*	<input type="text"/>							
Work E-mail:*	<input type="text"/>							
Work Telephone:*	<input type="text"/>							

## Employing General Practice Details

Practice Name:*	<input type="text"/>			
Practice Address:*	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>		Postcode:*	<input type="text"/>
Practice Telephone:*	<input type="text"/>		Mobile NO:*	<input type="text"/>
FAX:*	<input type="text"/>			
Practice E-mail:*	<input type="text"/>			
Practice Population Size:*	<input type="checkbox"/> < 3,000	<input type="checkbox"/> 3,000 - 8,000	<input type="checkbox"/> >8,000	
Which best describes the practice location:*	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural	<input type="checkbox"/> Remote
Is the practice a Training Practice:*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of GP Principals:*	<input type="text"/>			

**Please provide information on previous posts**

[illegible]

### Current Role Details

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### Qualifications/Training SINCE LEAVING SCHOOL

[illegible]

**DESCRIBE YOUR SKILLS AND ABILITIES** (including your experience of training, development and appraisal of staff in **500 words**).

**Statement in Support of Application**

Please include below a reflective **500 word** statement on "Why you would make a good PMVTS Facilitator"  
In writing this, please refer to the Person Specification in the Application Guidance Notes.

**Please provide Contact Details of two referees in support of your application  
(one of whom should be your sponsoring GP)**

**Referee 1 (GP Sponsor)**

**Title:\*** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof ☐ Other:

**First Name:\***

**Surname:\***

**Telephone:\***

**E-mail:\***

**Referee 2**

**Title:\*** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof ☐ Other:

**First Name:\***

**Surname:\***

**Telephone:\***

**E-mail:\***

**Relationship / capacity in which you know referee:**

**APPLICANT DECLARATIONS**

I wish to apply for a place as a Facilitator on the Practice Manager Vocational Training Scheme. I am willing to sign a Learning Contract if my application is successful.

☐ Yes☐ No