

 **Title**

 Sub-title

**Scottish Practice Management Development Network**

 Local Co-ordinator Application Form

All applicants are advised to read the Applicant Guidance Notes before completing this application form.

Practice support is required for all applications at the time of application. Please read Section 10 carefully to ensure that this is completed.

Please submit completed applications by no later than **12 Midday on Monday, 10th June 2019**.

Applications must be submitted via email to practice.manager@nes.scot.nhs.uk

**Privacy statement**

NHS Education for Scotland (NES) will use the personal data supplied by you in the processing and review of this application and in the administration of the Scottish Practice Management Development Network (SPMDN). When requested, we will also share some data relating to your involvement in SPMDN with your employing organisation. For more information, see: <http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx>

**Section 1: Your Contact Details**

|  |  |  |
| --- | --- | --- |
| **Title:** | Mr[ ]  Mrs[ ]  Ms[ ]  Miss[ ]  Other: [ ]   | If other please specify  |
| **First Name:** |       |
| **Surname:** |       |
| **Home Address:** |       |
| **Postcode:** |       |
| **Home Telephone:** |       |
| **Mobile Telehone:** |       |
| **Home email:** |       |
| **Work email:** |       |
| **Work Telephone:** |       |

**Section 2: Employing General Practice Details**

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| **Practice Name:** |       |
| **Practice Address:** |       |
| **Postcode:** |       |
| **Practice Telephone:** |       |
| **Practice email:** |       |
| **Practice Population Size:** | < 3,000[ ]  3,000 - 8,000[ ]  >8,000[ ]  |
| **Which best describes the practice location:** | City[ ]  Town[ ]  Rural[ ]  Remote [ ]  |
| **Is the practice a Training Practice:** | Yes [ ]  No[ ]  |
| **Number of GP Principles:** |       |
| **Practice Staffing** |
| **Salaried Drs:** |       | **Drs in Training** |       |
| **Practice Nurses:** |       | **HCAs/Phlebotomists:** |       |
| **Office/Reception/Practice Managers** |       | **Admin/Reception Staff:** |       |

**Section 3: Current Role Details**

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| **Job Title:** |       |
| **How long have you been in this role?** |       |
| **Contracted weekly hours:** |       |

**Section 4: Previous Posts**

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| **Start Date** | **Date Left** | **Employer Details** | **Job Title** |
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**Section 5: Qualifications**

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| **Date** | **Qualifications** | **Awarding Authority** **(level e.g. SVQ/SCQF)** |
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**Section 6: Training Courses Attended**

Please provide details of any training you have completed in the last 5 years

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| **Date** | **Course Provider** | **Length of course****(e.g. 3 hours / 2 days)** |
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**Section 7: Statements in Support of Application**

You are restricted to 500 words maximum per question. Please state the word count at the end of earch question.

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| **Describe your skills and abilities.****In writing this, please refer to the Person Specification in the Applicant Guidance Notes.** |
|       |
| Word Count: |       |

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| **Please include below a reflective statement on “Your Vision to develop the Local Co-ordinator role and take it forward”****In writing this, please refer to the Person Specification in the Applicant Guidance Notes.** |
|       |
| Wordcount: |       |

**Section 8: Referees**

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| --- | --- |
| **Referee 1****Title:** | Mr[ ]  Mrs[ ]  Ms[ ]  Miss[ ]  Dr[ ]  Prof[ ]  Other: [ ]  if other please specify |
|  **First Name:** |       |
| **Surname:** |       |
| **Telephone:** |       |
| **Email:** |       |
| **Relationship/capacity in which you know referee:** |       |

|  |  |
| --- | --- |
| **Referee 2****Title:** | Mr[ ]  Mrs[ ]  Ms[ ]  Miss[ ]  Dr[ ]  Prof[ ]  Other: [ ]  if other please specify |
| **First Name:** |       |
| **Surname:** |       |
| **Telephone:** |       |
| **Email:** |       |
| **Relationship/capacity in which you know referee:** |       |

**Section 9: Applicant Declaration and Signature**

I certify that all information provided on this application form is correct. I understand that my application may be rejected or that I may be withdrawn from the role of Local Co-ordinator for withholding relevant details or giving false information.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |       |

**Section 10: GP Sponsor Support and Sign-off**

This section must be completed by a GP sponsor from the applicant’s employing practice.

All Scottish Practice Management Development Network Local Co-ordinators must have the explicit support of their practice. Please take the time to read the conditions below and sign.

By completing this statement of Support you are confirming:

1. The Partnership/practice’s support for the applicant, and that the applicant’s line manager (if applicable) is also aware of and supports this application.
2. Your commitment that the applicant will be released from their substantive post to support local practice managers (up to four sessions per month), as well as being released for local co-ordinator development days (8 per annum). Sessional payments are made to the practice for this time committment.

Please provide a short statement of support of this application in the box below. This should include details of why this applicant is a suitable candidate for the role of Local Co-ordinator.

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|  |

**To be signed by GP Sponsor**

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| --- | --- |
| **Signed:** |  |
| **Date:** |       |
| **Name:** |       |
| **Email:** |       |
| **Telephone:** |       |

**Section 11: Checklist**

Typed fully completed application form

Section 10: Organisational support is completed and signed by GP Sponsor

[ ] [ ] Please submit completed applications by no later than **12 midday on Monday, 10th June 2019** via email to practice.manager@nes.scot.nhs.uk