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| GP RETAINER SCHEME FIRST APPLICATION FORM |

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| PART A: Personal Details (to be completed before entry interview with regional adviser) |

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| Surname |  | First Name |  |
| Home Address |  | Post Code |  |
| Home telephone and/or mobile |  | Email  |  |
| GMC Number |  | CCT or JCPTGP Number |  |
| Qualifications & Dates |  |  |  |  |
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| Eligibility |  |
| Career Plans |  |
| Previous Member of Retainer Scheme | Yes/No (Please delete as appropriate | If Yes please give details |  |

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| Please attach a brief CV (1 side of A4 should be adequate) |

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| PART B: Practice Details (to be completed following practice employment interview) |

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| Proposed start date |  | Number of sessions per week (2 – 4 per week) |  |
| The Retainer Scheme starts on the 1st of a month | Total duration on the Scheme is 5 years |
| Name of Educational Supervisor |  | Approved as a GP Trainer (Y/N) |  | Last approval date |  |
| Practice Address |  | Approved as a Retained Doctor Educational Supervisor (Y/N) |  | Last approval date |  |
| Practice Code |  | Practice Type (GMC or PMS) |  |
| Practice Telephone |  | Mobile of RD/ES |  |
| Name of Practice Manager |  | Tel Direct Dial |  |
| Practice Manager Email Address |  | Educational Supervisor Email Address |  |

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| PART C: Work and Educational Arrangements (to be completed following practice employment interview) |

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| 1. What induction is planned for you within the practice? |
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| 2. What will your normal work pattern be? (*please refer to workload recommendations on NES website for guidance*) |
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| 3. Non-General Medical Services Work  If applicable, please give details including no of hours per week and normal work pattern |
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| Such work is undertaken subject to the advice of the Associate Adviser. Approval will normally be given for work relevant to general practice, up to a maximum of 2 extra sessions per week. |

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| 4. Educational Arrangements  Please give details of arrangements for your education within the practice |
| *Eg one hour monthly meeting with mentor timetabled in advance with learning needs defined by retainer* |
| You will be required to produce a learning plan (education development plan) for the first year, within 6 weeks of your start date. The plan should be discussed with your Educational Supervisor and submitted to your Associate Adviser. |

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| PART D: Scheme Requirements |

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| These are requirements for Deanery approval of the GP Retainer Scheme regardless of practice type | YES | NO |
| Will you have a BMA model contract |  |  |
| Have you thought about your Personal Development Plan for your CPD |  |  |
| Have you discussed your study leave entitlement with your practice |  |  |
| Have you agreed your pay |  |  |
| If yes, how much is your hourly rate |  |  |
| Have you agreed your annual leave entitlement |  |  |
| Have you planned your annual appraisal |  |  |
| Are you on a Primary Medical Performers List **\*** |  |  |
| Do you have PVG registration **\*** |  |  |
| Do you have medical indemnity for the GP Retainer Scheme **\*** |  |  |
| Do you have your CCT or equivalent **\*** |  |  |
| Are you on the GMC register **\*** |  |  |
| Please submit evidence confirming these areas **\*** |

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| PART D: For completion by the Educational Supervisor |

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| I confirm that the information given is accurate and agrees to the current Scotland Deanery Retainer Guidelines. Please comment on how you plan to supervise over the first year. |
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| Educational Supervisor Signature |  | Date |  |

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| PART E: Recommendation to be completed by the Associate Adviser |

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| I recommend Dr For membership of the GP Retainer Scheme as of to |
| Associate Adviser Signature |  | Date |  |

**GP Retainer Scheme**

**Associate Advisers**

**Contact Details**

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| **Name and Address** | **E-mail Address** |
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