**REGISTRATION FORM – GP Fellowship**

To Register for GP Greater Manchester Fellowship Programme, and you **hold a substantive Salaried or Partner role** please complete this form, should you have any questions about the Fellowship please contact [gmth@gmfeds.co.uk](mailto:gmth@gmfeds.co.uk) If you are **seeking a substantive Salaried or Partner role,** please complete the Expression of Interest Form found on our website. Please return your completed form to: [gmth@gmfeds.co.uk](mailto:gmth@gmfeds.co.uk)

**ELIGIBLITY CRITERIA:**

* **Hold a substantive Salaried or Partner role**
* Delivering GMS services (those on APMS and PMS contracts also eligible to join)
* Newly qualified or qualified within last 24 months

Programme details are described in the appendixes

**Data Protection Statement**

Greater Manchester Training Hub (GMTH) needs to collect, maintain and use personal data relating to you for the purpose of administering the GP Fellowship Course which includes, but is not limited to, processing your application for the GP Fellowship Course; registering and enrolling you; administering the course; providing facilities to support your study during your time as a Fellow, linking you with your Peer to Peer network, sending surveys throughout the Fellowship. We may also use your data to keep in touch with you after you have completed the Fellowship, and contact you to complete a post Fellowship outcome survey, or evaluation. We are occasionally required to share your information with external agencies who have need for it, such as, Greater Manchester Combined Authority (GMCA), NHSE, NHS/I and HEE. Should you be looking for substantive employment we will be sharing your data with GMCA who can assist you.

**Consent**

I hereby give my consent for the information provided on this form to be held on computer, or other relevant filing systems, by GMTH and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act (2018) and GDPR (2018).

**GP Fellowship Applicant**

Signature

…………………………………………………………………………………………………..Date………………………………………………

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| --- | --- | --- |
| **REGISTRATION DETAILS** | | |
| **Applicant Name** | **Applicant Email Address** | |
|  |  | |
| **NMC / GMC NUMBER** |  | |
| **Applicant Role / Job Title** | **Practice Name, Address, code** | |
|  |  | |
| **Start date in Practice** | **CCT Date / qualifying date** | |
|  |  | |
| **Number of sessions per week employed by the practice** |  | |
| **Please detail when you will be free for mentorship/masterclasses** | | |
| **Contact mobile number** |  | |
| **We have set up a WhatsApp Peer Group for all GP Fellows do you want to be added to this?** | Yes / No | |
| **The NHSE GP Fellowship is a rolling programme so we can onboard you at a date that suits you and your practice. When would you like to start the NHSE GP Fellowship?** |  | |
| **Are you also on the HEE Fellowship? If so when does that end?** |  | |
| **Please detail how this would benefit you, the PCN and the health of the PCN patient population** | | |
|  | | |
| **Where did you find out about the NHSE Fellowship?** | | |
|  | | |
| **PCN Clinical Director** | | |
| I confirm that I have contacted my PCN Clinical Director to inform them I will be joining the GP Fellowship. | | |
| **Applicant Signature (can be electronic does not need to be physical)** | | **Date** |
|  | |  |

***Note by signing this agreement you are committing to a 2-year programme:***

|  |
| --- |
| **To be completed by the Practice / Employer** |
| I confirm that the practice has agreed to support the above application and will commit to release them to attend and complete this development opportunity. |
| **Practice Contact (e.g. Practice Manager) (name, job title, email address, contact number)** |
|  |
| **Are you a learning environment?** |
| Please can you advise if you have an educational audit in place at the practice?  Yes -  No -  If no would you be happy for a member of our team to contact you to discuss this option so that your practice could become a learning environment?  Yes -  No - |
| **Practice Contact signature (can be electronic does not need to be physical)** |
|  |

# Equality and diversity monitoring form

Greater Manchester Training Hubwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality, equity and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact: [jon.hopkins2@nhs.net](mailto:jon.hopkins2@nhs.net)

**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please discuss below.

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the programme lead running the training programme process. Alternatively, please contact Jon Hopkins on [jon.hopkins2@nhs.net](mailto:jon.hopkins2@nhs.net) who is the GMTH, EDI champion.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your working pattern?**

Full-time  Part-time  Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 