**Pharmacy Fellow in Cancer Application Form**

GMTH has been working with the Greater Manchester Cancer Alliance and the Primary Care workforce team and are looking for a cancer Fellow to work alongside colleagues in Greater Manchester Cancer Alliance to improve cancer diagnosis and management in the primary care setting.

If you are looking for a new, exciting opportunity to put into practice all the skills you have developed over the course of the Fellowship and work with the Cancer Alliance to improve integrated working across health and care sectors**,** please complete the form below and return to: [rob.harris4@nhs.net](mailto:rob.harris4@nhs.net) by XXXXXX.

**ELIGIBLITY CRITERIA:**

* Working within Greater Manchester
* Registered Pharmacist
* In a salaried position
* Delivering NHS services

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| **APPLICATION DETAILS** | |
| **Applicant Name** | **Applicant Email Address** |
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| **GDC Registration Number** |  |
| **Applicant Role / Job Title** | **Practice Name, Address, code** |
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| **Start date in Practice** | **Qualifying date** |
|  |  |
| **Number of sessions per week employed by the practice** |  |
| **Contact mobile number** |  |
| **Please detail how this opportunity would benefit you, the communities within your locality and the health of the GM patient population** | |
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| **Please describe any previous experience developing / delivering training and education programmes** | |
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| **Please describe your previous experience leading quality improvement projects** | |
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| **Outline potential areas for cancer quality improvement projects that you have identified within your locality, particularly to improve one or more of the following including any inequality considerations relevant to the community you serve:**   * **Early diagnosis** * **Delivery of personalised care** * **Cancer knowledge, skills and behaviours** | |
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| **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/or facilitate payment as detailed in the role description. |
| **Practice Contact (e.g. Practice Manager) (name, job title, email address, contact number)** |
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| **Practice Contact signature (can be electronic does not need to be physical)** |
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