**Quality Improvement Fellow: Application Form**

Please complete this form in its entirety. If you are submitting any additional sheets please indicate on the top of each sheet your name, GMC number and training programme.

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| **Section 1 – Personal details** |
|  |
| **Applicant surname:** |       |
| **Applicant forenames:** |       |
| **GMC Number** |       | **NTN / DRN Number:***(where applicable)* |       |
| **Email address:** |       |
| **Mobile number:** |       |
| **Postal address:***(including postcode)* |       |
|  |
| **Section 2 – Training details**  |
|  |
| **Current training programme** |       |
| **Current training grade** |       |
| **Current training year:** |       |
| **Current training post:** |       |
| **Current employer:** |       |
| **Date and outcome of last ARCP/ RITA:** |       |
| **Anticipated CCT date:** |      /     /      |

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| **Section 3 – Applicant submission** |
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| **Reason for wanting to undertake this secondment?** (<250) |
|       |
| **Why do you believe you would be suitable for this secondment?** (<250) |
|       |

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| **Section 4 - Reference** |
| I, as the Training Programme Director for this trainee, support this application and confirm that:            (name of trainee) is a suitable candidate: |
| **Full Name:** |       |
| **Employer** |       |
| **GP Practice (if required)** |       |
| **Contact email address:** |       |
| **Signature and Date:** |            /     /      |
| I, the trainee, confirm that:* the information provided via this application is true and accurate;
* I can provide evidence and additional documentation if required by Health Education England – working across the South West;
* I have read and understood the terms and conditions of the secondment
 |
| **Full Name:** **(block capitals)** |       |
| **Trainee signature:** |       |
| **Date signed:** |      /     /      |

***Please return the completed application by 5pm on Tuesday 5th March 2019 to:***

**Chrissie Smaldon**

**Faculty Development**

**Peninsula Postgraduate Medical Education**

**Plumer House**

**Tailyour Road**

**Plymouth**

**PL6 5DH**

**Tel: (01752) 590639 or PENFaculty.SW@hee.nhs.uk**

**INTERVIEW DATE:**

|  |  |
| --- | --- |
| **DAY:** | TBC |
| **DATE:** | W/C 01/04/2019 |
| **VENUE:** | TBC  |

**ANY ADDITIONAL INFORMATION:**