**Please complete this form electronically and email to one of the following:**

West: [nes.westdrs@nhs.scot](mailto:nes.westdrs@nhs.scot)

South East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)

East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)  
North: [northdrs@nes.scot.nhs.uk](mailto:northdrs@nes.scot.nhs.uk)

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

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| **Surname** | Click or tap here to enter text. | | **First Name** | | | Click or tap here to enter text. | |
| **Home Address** | Click or tap here to enter text. | | **Post Code** | | | Click or tap here to enter text. | |
| **Home telephone and/or mobile** | Click or tap here to enter text. | | **Email** | | | Click or tap here to enter text. | |
| **GMC Number** | Click or tap here to enter text. | | **CCT or JCPTGP Date** | | | Click or tap here to enter text. | |
| **Qualifications & Dates** | Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| **Eligibility** | Click or tap here to enter text. | | | | | | |
| **Career Plans** | Click or tap here to enter text. | | | | | | |
| **Previous Member of Retainer Scheme** | Choose an item. | If Yes please give details | | Click or tap here to enter text. | | | |

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

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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?** |
| Click or tap here to enter text. |

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| **2. What will your normal work pattern be? (*please refer to workload recommendations on NES website for guidance*)** |
| Click or tap here to enter text. |

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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** |
| Click or tap here to enter text. |
| **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*  Click or tap here to enter text. |
| **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** | ***Double click to select***  **YES** | ***Double click to select***  **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 E:** 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. | | | |
| Click or tap here to enter text. | | | |
| **Educational Supervisor Signature** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |

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| **PART F**: Recommendation to be completed by the Associate Adviser |

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| I recommend Click or tap here to enter text.  Dr Click or tap here to enter text.  For membership of the GP Retainer Scheme as of Click or tap to enter a date. toClick or tap to enter a date. | | | |
| **Associate Adviser Signature** |  | **Date** |  |