|  |
| --- |
| GP STAY IN PRACTICE SCHEME (GP-SIPS) APPLICATION FORM |

|  |
| --- |
| PART A: Personal Details (to be completed before entry interview with Associate Adviser) |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Home Address |  | Post Code |  |
| Home telephone and/or mobile |  | Email  |  |
| GMC Number |  | CCT or JCPTGP Number |  |
| Qualifications & Dates |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| List eligibility criteria that have been met |  |
| Career Plans for those who are not pre retirement |  |

|  |
| --- |
| Please attach a brief CV and submit this form in advance if your Associate Adviser interview.Please bring evidence of the following (if available) to your Associate Adviser Interview:GMC registration including GP registerCurrent medical indemnityPerformers’ List entryPVG status |

|  |
| --- |
| PART B: Practice Details (to be completed following confirmation of eligibility and meeting with the practice) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed start date |  | Number of sessions per week (2 – 6 per week) |  |  |
| The GP-SIP Scheme starts on the 1st of a month | Total duration on the Scheme is 3 years |
| Name of GP-SIP mentor |  | Approved as a GP Educational Supervisor (Y/N) |  | Last approval date |  |
| Practice Address |  | Approved as a Retainer Doctor mentor (Y/N) |  | Last approval date |  |
| Practice Code |  | Practice Type (GMS or PMS) |  |
| Practice Telephone number |  |  |  |
| Name of Practice Manager |  | Tel Direct Dial |  |
| Practice Manager Email Address |  | GP-SIPS mentor Email Address |  |

|  |
| --- |
| PART C: Work and Educational Arrangements (to be completed following practice meeting)Please ensure that questions are asked and answered as part of your discussions with the practice. |

|  |
| --- |
| 1. What induction is planned for you within the practice? |
|  |

|  |
| --- |
| 2. What will your normal work pattern be? |
|  |

|  |
| --- |
| 3. Planned Non-General Medical Services Work (i.e. out with the practice) If applicable, please give details including number of hours per week and normal work pattern |
|  |
| 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 sessions per week. |

|  |
| --- |
| 4. Educational Arrangements  Please give details of arrangements for your support within the practicee.g. two hours per month of protected time, study leave allocation, involvement in teaching others |
|  |

|  |
| --- |
| PART D: Scheme Requirements |

|  |  |  |
| --- | --- | --- |
| These are requirements for Deanery approval of the GP-SIP Scheme. Please confirm that these have been met. | YES | NO |
| You will have a contract based on the BMA salaried GP contract that will include an educational agreement |  |  |
| You have discussed your study leave entitlement with the practice |  |  |
| You have agreed your pay with the practice |  |  |
| You have agreed your annual leave entitlement |  |  |
| You will undergo annual appraisal in your new post |  |  |
| You are on the Primary Medical Performers List **\*** |  |  |
| You have PVG registration **\*** |  |  |
| You have medical indemnity for the GP-SIP Scheme **\*** |  |  |
| You are on the GMC and GP register **\*** |  |  |
| Please submit evidence confirming these areas **\*** |

|  |
| --- |
| PART D: For completion by the GP-SIPS mentor |

|  |
| --- |
| I confirm that the information given is accurate. Please comment on how you plan to support the GP-SIPS doctor over the first year. |
|  |
| Educational Supervisor Signature |  | Date |  |

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

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

|  |
| --- |
| Please send this form to the generic e mail box for GP-SIPS |
| gpsips@nes.scot.nhs.uk |