**General Practice Nurse Programme**

**Application Form**

**Cohort9**

**2019 - 2020**

**This NES funded practice-based learning programme**

**is for registered adult nurses newly employed**

**as General Practice Nurses (Scotland).**

**Before completing the application form please read the Applicant Guidance Notes**

 **Please complete and return this form by**

**12 noon, Tuesday 21st May 2019 by email**

 **(titled GPN Programme Application Cohort 9) to:**

 **medicalpracticenurse@nes.scot.nhs.uk**

**Data Protection**

All personal data submitted as part of this application will be processed as necessary in accordance with Data Protection legislation. All personal data will be held securely, and NES will only share personal data where appropriate. A copy of the NES Data Protection Notice can be found here: <https://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx>

**Application form for NHS Education for Scotland General Practice Nursing Programme**

**Section A**

**This section should be completed by the general practice nurse applicant (please Type - do not hand write). Please first read the applicant guidance notes**

|  |  |
| --- | --- |
| A1  | **Your Contact Details**  |
| TITLE: |  |
| SURNAME: |  | FIRST NAME: |  |
| HOME ADDRESS: |  |
| TELEPHONE: |  | MOBILE NO: |  |
| FAX: |  | EMAIL: |  |
| A2 | **Your General Practice Employer Details** (Please provide a contact name) |
| TITLE: |  |
| SURNAME: |  | FIRST NAME: |  |
| GENERAL PRACTICE ADDRESS: |  |
| TELEPHONE: |  | MOBILE NO: |  |
| FAX: |  | EMAIL: |  |
| A3 | Are you currently employed as a registered adult nurse in a general practice nursing (GPN) role in Scotland and are a newly qualified nurse?YES [ ]  NO [ ] If yes, please state your NMC pin number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of 1st NMC Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Yes, in your GPN role you are / will be expected to health screen (eg cervical sampling), promote health, and review main long-term conditions (eg CHD, asthma). If No, you are not suitable for this programme, e.g. Treatment Room Nurses normally do not have access to the level of work-based experience required for this GPN Programme  |
| A4  | Are you new to General Practice Nursing employment?i.e. you have been employed within the last 2 years and have significant learning needs to develop your knowledge and skills in general practice nursing.YES [ ]  NO [ ] If yes, please state the date you were employed as a general practice nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A5 | How many hours per week are you employed as a general practice nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you work less than half time in a general practice nursing role you will normally not be able to complete the hours of work-based learning required to meet the NES programme outcomes.  |
| A6 | Please list your Nursing Qualifications and other Higher Education Qualifications as applicable |
| Date | Title of Qualification | Name of Awarding Body |
|   |  |  |
| A7 | Please provide brief information on your previous employment |
| Date started | Date stopped | Employer Details | Nature of Employment |
|  |  |  |  |
| A8 | Has your employing practice completed the NES General Practice Nursing Learning Environment Audit (part of Section B)? YES [ ]  NO [ ] Any comment:Please email medicalpracticenurse@nes.scot.nhs.uk if advice is needed to complete section B of the application form.  |
| A9  | Do you have a commitment to General Practice Nursing and a willingness to learn and develop new skills and knowledge to provide quality care? YES [ ]  NO [ ] **If** YES**, please provide in the box below your supporting statement for this application. In approximately 200- 300 words describe why you wish to undertake this NES General Practice Nursing Programme. When preparing to write this, please refer the Applicant Guidance Notes.** **Please note guidance for *Writing great applications for learning and development opportunities* can be found at TURAS LEARN** [**www.learn.nes.nhs.scot**](http://www.learn.nes.nhs.scot)**(Log in required, straightforward to achieve)** |
| A10.  | Are you currently undertaking any other education programme, other than NHS Flying Start, or planning to do so, in the next year? YES [ ]  NO [ ]  |
| If YES, please give details: Applicants should be aware that this programme is intensive and that undertaking another course during the year of study is not recommended.  |
| A11 | **Please provide:** |
| Name of General Practitioner Sponsor: |  |
| Name and email of Practice Preceptor (person in your practice who will support the applicant): |  |
| A12 | **Please provide Contact Details of one Clinical Referee to support your application (preferably your Lead or Senior GPN)** |
| TITLE: |  |
| SURNAME:  |  | FIRST NAME:  |  |
| JOB TITLE:  |  |
| ADDRESS:  |  |
| TELEPHONE:  |  | FAX:  |  |
| EMAIL:  |  |
| A13  | Applicant Declaration |
| I wish to apply for the NES General Practice Nursing Programme and am willing to sign a Learning Contract once I am accepted formally onto the Programme. YES [ ]  NO [ ]  |
| Applicant signature:  |  |
| Date: |  |

**Please ask your current general practice employers to read the application guidance notes and then complete Section B of the Application Form. It is important that your employer understands the need for applicants to have work-based experience during the Programme in long term condition monitoring. You will also be expected to take part in regular facilitated learning sessions.**

**Once Sections A, B & C are completed please send a signed scanned electronic copy of the application to be received by:**

**12 noon, Tuesday 21st May 2019**

 Email to: **medicalpracticenurse@nes.scot.nhs.uk** **– entitled *GPN Programme Application Cohort 9***

**Application Form for NHS Education for Scotland**

**General Practice Nursing Programme**

**Section B**

(This section should be completed by the applicant’s current general practice employer.

Please read the applicant notes before completing this)

|  |  |
| --- | --- |
| B1 | PRACTICE PROFILE (this information will help match the successful applicants to their NES GPN Education Supervisor) |
|  | Name of General Practice: |
|  | Address of General Practice: |
|  | Practice Population Size:<3,000 [ ]  3,000 – 8,000 [ ]  >8,000 [ ]  |
|  | Which best describes the practice location [please tick answer(s)]:City [ ]  Town [ ]  Rural [ ]  Remote [ ]  |
|  | Does the practice employ other registered nurses? Yes [ ]  No [ ]   If yes how many (whole time equivalent)?  |
|  | Is the practice currently a Training Practice? Yes [ ]  No [ ] Other education support (e.g. other members of staff employed in an educational capacity): |
|  | Does the practice have access to audiovisual equipment for recording consultations (this is not essential)? Yes [ ]  No [ ]  |
|  | Please add information to support your nurse employee’s application. |

|  |  |
| --- | --- |
| B2 | LEARNING ENVIRONMENT  |
| NES has developed learning environment standards for the NES General Practice NursingProgramme (see details in the Application Guidance Notes).Please indicate with a tick below if the practice meets the following criteria: fully, partially or not at allPlease note if you identify any criteria which are ‘not at all met’contact Lynne Innes (lynne.innes@nes.scot.nhs.uk) for advice. |
| Learning Environment Criteria | Fully Met | Partially Met | Not At All Met |
| 1. The General Practice conforms to the NHS Code of Practice for Records Management |  |  |  |
| 2. IT is available in the practice for the participant * including computer with Broadband access to the internet
 |  |  |  |
| 3. Practice staff consults in well-equipped rooms to provide effective routine and emergency care |  |  |  |
| 4. Practice conforms to Standard Infection Control Precautions (2010) |  |  |  |
| 5. Practice conforms to Control Substances Hazardous to Health Regulations (2002) |  |  |  |
| 6. The practice informs patients when staff are in supervised training, including processes for recording consent when recording consultations |  |  |  |
| 7. The practice provides normal, everyday general practice learning experiences and approaches |  |  |  |
| 8. There are up to date and effective practice policies for using clinical protocols, home visiting, continuity of care for patients, emergency care and out-of-hours cover |  |  |  |
| 9. The practice is active in governance processes including SEA, audit, complaints procedures  |  |  |  |
| 10. Team working is promoted including regular multi-disciplinary meetings with general practice nurses and community nursing team members.  |  |  |  |
| 11. All new staff receive an induction to enable them to practise and learn safely, and under supervision |  |  |  |
| 12. The Practice monitors NMC periodic revalidation and annual retention for employed registered nurses  |  |  |  |
| 13. General Practice Nursing staff have up to date Job Descriptions  |  |  |  |
| 14. General Practice Nursing staff have Indemnity Insurance including applicant |  |  |  |
| 15. New clinical staff participate in the Protecting Vulnerable Groups Scheme (Disclosure Scotland)  |  |  |  |
| 16. The practice promotes learning & development in all staff including appraisals, providing learning / training  |  |  |  |
| B3 | General Practice Sponsor Declaration |
| I approve the application from for the employed general practice nurse to undertake the 13-month NES General Practice Nursing (GPN) Programme. I acknowledge that as part of the Programme the nurse will be expected to health screen (eg cervical sampling), promote health, and review long term conditions (CHD, asthma, COPD, diabetes). If this application is successful I will provide protected practice time for:the work of the NES GPN Education Supervisor in regular Facilitated Learning Sessions (minimum 4 hourly per month)* Two hours of practice protected learning time per week to undertake study.

Attendance at the mandatory funded NES central study days on the following dates:Training Day 1 & 2- Tuesday 3rd & Wednesday 4th of September 2019Training Day 3 - Wednesday 13th November 2019Training Day 4&5 - Tuesday 11th & Wednesday 12th of February 2020Training Day 6- Tuesday 28th April 2020Training Day 7&8 - Tuesday 9th & Wednesday 10th June 2020- The named Practice Preceptor (this person to provide general support to trainee and NES staff) (Please see the Application Guidance Notes for information on the NES Education Supervisor and Practice Preceptor roles, and the programme content and funding)   |
| Practice Sponsor Name & signature:  |  |
| Date: |  |
| B4 | **Practice Preceptor Declaration** |
| If this application is successful I agree to provide work-based support to our new general practice nurse during the NES General Practice Nursing Programme. I acknowledge that as part of the Programme the nurse will be expected to health screen (eg cervical sampling), promote health, and review long-term conditions.  |
| Preceptor Name (print) & signature:  |  |
| Email address: |  |
| Date: |  |

|  |  |  |
| --- | --- | --- |
|  | NES GPN Programme | PART C |
| 5) What is your ethnic group?  |
| Choose one section from A to F, then tick the appropriate box to indicate your cultural background |
|  |
| A: White | [ ]  Scottish | [ ]  Irish | [ ]  Other British |  |
|  |  |  |  |  |
|  |
|  | [ ]  Any other White background |  |  |  |
|  |
| B: Mixed | [ ]  Any mixed background |
|  |
| C: Asian; Asian Scottish; Asian British |
|  | [ ]  Pakistani | [ ]  Indian | [ ]  Chinese |  |
|  |  |  |
|  | [ ]  Bangladeshi | [ ]  Any other Asian background |
|  |  |  |  |  |  |
| D: Black; Black Scottish; Black British |
|  | [ ]  Caribbean | [ ]  African |  |  |
|  | [ ]  Any other Black background |  |
|  |  |
| E: Other ethnic background |
|  | [ ]  Any other background |  |  |  |
|  |  |  |  |  |
| F: Prefer not to answer [ ]  |  |  |  |  |
|  |  |  |  |  |
| 6) To which religion, religious denomination or body do you actively belong? |
|  |  |
|  | [ ]  (Christianity) - Church of Scotland | [ ]  Hinduism |
|  |  |
|  | [ ]  (Christianity) - Roman Catholic | [ ]  Sikhism |  |
|  |  |  |  |  |
|  | [ ]  Christianity (other) | [ ]  Judaism |  |
|  |  |  |  |
|  | [ ]  Other faith / belief | [ ]  Islam |  |
|  |  |  |  |  |  |
|  | [ ]  Buddhism | [ ]  No religion (none) |
|  |  |  |  |  |  |
|  | [ ]  Prefer not to answer |  |
|  |  |  |  |  |
| 7) Which of the following best describes your sexual orientation? |
|  |  |  |  |  |
|  | [ ]  Bisexual | [ ]  Gay Man |
|  |  |  |  |  |
|  | [ ]  Heterosexual | [ ]  Lesbian/Gay Woman |
|  |  |  |  |  |
|  | [ ]  Other | [ ]  Prefer not to answer |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | NES GPN Programme  | PART C |
| Equal Opportunities Monitoring |
| We want to ensure that our learning opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive and compare the profile of people who apply with those selected. Therefore, this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. The information you provide is confidential and is not used in the selection process. It is kept separately from the rest of your application when we receive it. |
|  |  |
|  |
| 1) You are: |
|  |  |
| Female [ ]  | Male [ ]  |
|  |
| 2) Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender)? |
|  |  |  |
| Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
|  |
| 3) What is your age? |  |
|  |
| I am       years old, and my date of birth is:       |
|  |
| 4) Do you have a physical or mental health condition or disability that: |
|  |
| * has a substantial effect on your ability to carry out day to day activities?
* has lasted or is expected to last 12 months or more?
 |
|  |  |  |
| Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
|  |
| * If you answered ‘yes’ please tick if it is either of the following:
 |
|  |
| Learning DifficultyLong standing illnessMental health condition | [ ] [ ] [ ]  | Physical impairmentSensory impairment | [ ] [ ]  |
| Other (e.g. dyslexia, dyspraxia please describe): |
| * Again, if yes, please describe any arrangements you would need for your learning:
 |

|  |
| --- |
| For office use onlyDate received in office: All criteria met: Yes [ ]  No [ ]   |