

**Title**

Sub-title

**Practice Managers Vocational Training Scheme**

PMVTS Educational Facilitator Application Form

All applicants are advised to read the Applicant Guidance Notes before completing this application form.

Practice support is required for all applications at the time of application. Please read Section 10 carefully to ensure that this is completed.

Please submit completed applications by no later than **12 Midday on Monday, 10th June 2019**.

Applications must be submitted via email to [practice.manager@nes.scot.nhs.uk](mailto:practice.manager@nes.scot.nhs.uk)

**Privacy statement**

NHS Education for Scotland (NES) will use the personal data supplied by you in the processing and review of this application and in the administration of the Practice Managers Vocational Training Scheme (PMVTS). This may include NES or one of our partners contacting you after the programme for the purposes of evaluation. When requested, we will also share some data relating to your involvement in PMVTS with your employing organisation. For more information, see: <http://www.nes.scot.nhs.uk/privacy-and-data-protection.aspx>

**Section 1: Your Contact Details**

|  |  |  |
| --- | --- | --- |
| **Title:** | Mr Mrs Ms Miss Other: | If other please specify |
| **First Name:** |  | |
| **Surname:** |  | |
| **Home Address:** |  | |
| **Postcode:** |  | |
| **Home Telephone:** |  | |
| **Mobile Telehone:** |  | |
| **Home email:** |  | |
| **Work email:** |  | |
| **Work Telephone:** |  | |

**Section 2: Employing General Practice Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Name:** |  | | |
| **Practice Address:** |  | | |
| **Postcode:** |  | | |
| **Practice Telephone:** |  | | |
| **Practice email:** |  | | |
| **Practice Population Size:** | < 3,000 3,000 - 8,000 >8,000 | | |
| **Which best describes the practice location:** | City Town Rural Remote | | |
| **Is the practice a Training Practice:** | Yes  No | | |
| **Number of GP Principles:** |  | | |
| **Practice Staffing** | | | |
| **Salaried Drs:** |  | **Drs in Training** |  |
| **Practice Nurses:** |  | **HCAs/Phlebotomists:** |  |
| **Office/Reception/Practice Managers** |  | **Admin/Reception Staff:** |  |

**Section 3: Current Role Details**

|  |  |
| --- | --- |
| **Job Title:** |  |
| **How long have you been in this role?** |  |
| **Contracted weekly hours:** |  |

**Section 4: Previous Posts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **Date Left** | **Employer Details** | **Job Title** |
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**Section 5: Qualifications**

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| **Date** | **Qualifications** | **Awarding Authority**  **(level e.g. SVQ/SCQF)** |
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**Section 6: Training Courses Attended**

Please provide details of any training you have completed in the last 5 years

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| --- | --- | --- |
| **Date** | **Course Provider** | **Length of course**  **(e.g. 3 hours / 2 days)** |
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**Section 7: Statements in Support of Application**

You are restricted to 500 words maximum per question. Please state the word count at the end of earch question.

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| --- | --- |
| **Describe your skills and abilities (including your experience of training, development and appraisal of staff).** | |
|  | |
| Word Count: |  |

|  |  |
| --- | --- |
| **Please include below a reflective statement on “Why you would make a good PMVTS Facilitator”**  **In writing this, please refer to the Person Specification in the Applicant Guidance Notes.** | |
|  | |
| Wordcount: |  |

**Section 8: Referees**

|  |  |
| --- | --- |
| **Referee 1**  **Title:** | Mr Mrs Ms Miss Dr Prof  Other:  if other please specify |
| **First Name:** |  |
| **Surname:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Relationship/capacity in which you know referee:** |  |

|  |  |
| --- | --- |
| **Referee 2**  **Title:** | Mr Mrs Ms Miss Dr Prof  Other:  if other please specify |
| **First Name:** |  |
| **Surname:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Relationship/capacity in which you know referee:** |  |

**Section 9: Applicant Declaration and Signature**

I certify that all information provided on this application form is correct. I understand that my application may be rejected or that I may be withdrawn from the role of Educational Facilitator for withholding relevant details or giving false information.

I understand that I am required to sign a Learning Contract if my application is successful.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**Section 10: GP Sponsor Support and Sign-off**

This section must be completed by a GP sponsor from the applicant’s employing practice.

All Educational Facilitators on the Practice Managers Vocational Training Scheme must have the explicit support of their practice to take part in the programme. Please take the time to read the conditions below and sign.

By completing this statement of Support you are confirming:

1. The Partnership/practice’s support for the applicant, and that the applicant’s line manager (if applicable) is also aware of and supports this application.
2. Your commitment that the participant will be released from their substantive post to attend tutorials with their trainee, as well as being released for educational facilitator development days (8 per annum). Sessional payments are made to the practice for Educational Facilitators attending these days.

Please provide a short statement of support of this application in the box below. This should include details of why this applicant is a suitable candidate for the role of Educational Facilitator.

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**To be signed by GP Sponsor**

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| --- | --- |
| **Signed:** |  |
| **Date:** |  |
| **Name:** |  |
| **Email:** |  |
| **Telephone:** |  |

**Section 11: Checklist**

Typed fully completed application form

Section 10: Organisational support is completed and signed by GP Sponsor

Please submit completed applications by no later than **12 midday on Monday, 10th June 2019** via email to [practice.manager@nes.scot.nhs.uk](mailto:practice.manager@nes.scot.nhs.uk)