**The below form is to be completed by the student, Practice Manager and GP Mentor.**

**Please complete the below form and email it directly to (GeneralPracticeAssistant@bucks.ac.uk), copying in your Practice Manager and GP Mentor.**

| 1. **Student Details** | | |
| --- | --- | --- |
| Surname: | Click or tap here to enter text. | |
| Forename: | Click or tap here to enter text. | |
| Email Address | Click or tap here to enter text. | |
| Your current Role | Click or tap to enter a date. | |
| **Learner Confirmation:** | | |
| I confirm I am in a GPA role | |  |
| I confirm I have a GP and secondary mentor | |  |
| I understand I am expected to complete the programme unless extenuating circumstances prevent me (e.g., pregnancy, health issues) and will provide confirmation from a doctor in such cases. | |  |
| I confirm that I will complete all 5 domains and the required action learning sets for the course and Phlebotomy training. | |  |
| Name: (please type full name) | Click or tap here to enter text. | |
| Signature: (type name if filling electronically) | Click or tap here to enter text. | |
| Date: | Click or tap to enter a date. | |

| 1. **Employment Details** | |
| --- | --- |
| Name of employing practice: | Click or tap here to enter text. |
| Start date with employing practice: | Click or tap to enter a date. |
| Employer address & postcode: | Click or tap here to enter text. |
| PCN: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| NHS Buckinghamshire, Oxfordshire and Berkshire West ICB |  |
| NHS Frimley ICB |  |
| NHS Hampshire and Isle Of Wight ICB |  |
| NHS Kent and Medway ICB |  |
| NHS Surrey Heartlands ICB |  |
| NHS Sussex ICB |  |
| Bucks New University is linked and works closely with all the Training Hubs mentioned above |  |

| **Dear managers, please put forward the name of the candidate for February cohort 2025.**  Each PCN will only be able to put forward one candidate for this cohort to ensure fairness. | |
| --- | --- |
| **Student Details:** Names and Email Address | |
| Click or tap here to enter text. | Click or tap here to enter text. |

| 1. **Practice Manager** | | |
| --- | --- | --- |
| Practice Manager name: | Click or tap here to enter text. | |
| Practice Manager contact email: | Click or tap here to enter text. | |
| Practice contact number: | Click or tap here to enter text. | |
| **Practice Manager Confirmation:** | | |
| I confirm that this candidate is appropriate for the GPA certificate as per the supporting guidance. | |  |
| Funding of £2,000 per trainee is available for the employing practice/PCN to support the supervision (half a day per week) and progression of the learner, £1,000 is payable in the first 2 months of the programme and £1,000 in the last 2 months of the programme. Please note practical training in clinical skills (phlebotomy and ECG) may need to be funded and arranged by the employer – please contact your local Training Hub or Primary Care School for more detail on the provision available. | |  |
| I confirm that students will be released 0.5 days a week for protected learning time with organised supervision. | |  |
| Name: (please type full name) | Click or tap here to enter text. | |
| Signature: (type name if filling electronically) | Click or tap here to enter text. | |
| Date: | Click or tap to enter a date. | |

| 1. **GP Mentor** | | |
| --- | --- | --- |
| GP Mentor name: | Click or tap here to enter text. | |
| GP Mentor contact email: | Click or tap here to enter text. | |
| GP Mentor contact number: | Click or tap here to enter text. | |
| **GP Mentor Confirmation:** | | |
| I understand that I will mentor the candidate and that I am responsible for approving their competencies in the relevant areas. | |  |
| Name: (please type full name) | Click or tap here to enter text. | |
| Signature: (type name if filling electronically) | Click or tap here to enter text. | |
| Date: | Click or tap to enter a date. | |