|  |  |
| --- | --- |
| **Personal information** | |
| First name | Last name |
|  |  |
| Preferred name | Title |
|  |  |
| **Education and Professional Qualifications** | |
| Current role |  |
| Place of study |  |
| Date qualified |  |
| **Membership of Professional Bodies**  Please indicate registering body and date of renewal | |
|  | |
| **Employment History** | |
| **Current employing practice** |  |
| Employer address | |
| Job title | |
| Start date | |
| [Brief description of any additional duties and responsibilities you hold above those expected in your role, e.g., mentor, clinical supervisor, Community Education Facilitator etc.] | |

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| --- | --- | --- | --- |
| **Referees** (Please provide 2 referees, one of them your current or most recent employer) | | | |
| 1. **Referee’s Name** | |  | |
| Title |  | Relationship |  |
| Email address |  | | |
| Address |  | | |
| Period covered by this reference |  | | |
| Can the referee be approached prior to interview | | YES □ NO □ | |
| 1. **Referee’s Name** | |  | |
| Title |  | Relationship |  |
| Email address |  | | |
| Address |  | | |
| Period covered by this reference |  | | |
| Can the referee be approached prior to interview | | YES □ NO □ | |
| **SUPPORTING INFORMATION** | | | |
| 1. Why are you applying for this fellowship at this point in your career? | | | |
|  | | | |
| 1. How do you anticipate this fellowship will support your future professional development? | | | |
|  | | | |
| 1. How do you anticipate this fellowship will support your Practice/PCN Development? | | | |
|  | | | |
| **Declaration** | | | |
| Do you currently work for a minimum of four sessions per week within a practice/PCN?  …. with a minimum of one session per week in a PCN education lead role (EEL, WSL, CEF) or supporting a PCN education lead role | | Yes □ No □  Yes □ No □ | |
| Do you have agreement from your employer to participate in this fellowship programme? | | Yes □ No □ | |
| Will you be released from practice for 2-4 sessions per week (depending on role as per funding section above) to undertake this fellowship | | Yes □ No □ | |
| Do you understand that you will need to complete a learning agreement with KSS Primary Care School covering the eventuality of your leaving the programme prematurely? | | Yes □ No □ | |
| Have you received similar fellowship support in the past from HEE/NHSE? | | Yes □ No □ | |
| Is your employer prepared to release you to meet the requirements of the programme including specific learning activities, such as attendance at masterclasses and simulation training? | | Yes □ No □ | |
| I can confirm that the information in this form is true and complete.  Please tick the box □ | | | |
| Applicant’s Signature | | Application Date | |
|  | |  | |

Thank you for completing this application form. Please also complete the [**Equal Opportunities monitoring form**](https://forms.office.com/e/av9XbtSuQ6). The information provided in this form will be held by the NHS SE Primary Care Schools and not shared with the ICS Training Hubs completing Fellowship recruitment.

**Please return the completed application form by email no later than Thursday 4 July 2024, 09:00 to** [**england.primarycareschooltvw.se@nhs.net**](mailto:england.primarycareschooltvw.se@nhs.net)**.**

**Data Protection:** By completing the application form, you consent to NHSE TVW Primary Care School holding and processing, both electronically and manually, the data collected about you in the course of your engagement with our Fellowship Programme, for the purposes of the administration and management of our business and for compliance with applicable laws, procedures and regulations. All data shall be destroyed when no longer necessary to retain for purpose. Please see our website for further information.