**Practice Manager Mentor application form**

**Personal details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Practice Name |  |
| Practice locality |  |
| What is your role(s)? |  |

**Additional information**

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| --- | --- |
| Do you hold the ILM5 coaching/mentoring qualification, or equivalent (if equivalent please specify the qualification)?If not, are you willing to work towards the ILM5 qualification within the first 12-18 months of joining the programme? |  |
| Please detail any relevant experience of support you have givenFor example experience of providing training, appraisals, mentoring, coaching etc |  |
| Please detail your experience of working in General Practice For example any lead roles, experience of working in different environments within General Practice and Primary Care etc |  |

**Reflective summary**

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| --- |
| Please answer the following question (in a maximum of 750 words) How does your personal ‘story’ contribute to the values and behaviours of delivering a successful mentorship relationship? I.e. how has your personal self-awareness developed through your experience of supportive relationships? |
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**Please return your completed application form by email to info@gpmplus.co.uk by 5pm on 5 May 2022**