**General Practice Fellowship programme – Mentor application form**

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| Name |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Practice Name |  |
| Practice locality |  |

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| --- | --- |
| Do you hold full registration and a licence to practice with the General Medical Council (GMC)? |  |
| GMC number |  |
| Do you meet the requirements for remaining on the NHS England GP Performers List? |  |
| Are you subject to interim suspension under section 41A of the Medical Act 1983? |  |
| How many clinical sessions do you currently work? |  |
| Are you willing and able (ie have agreement from your practice if required) to provide one additional session of mentoring per week from July 2021? |  |
| Are you a GP Partner or Salaried GP? Please specify |  |
| In what year did you qualify? |  |

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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/specialism roles, experience of working in different environments within General Practice 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 have you developed personal self-awareness 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**