# Severn School of Primary Care Change Form (GPST)

This form is to be completed **as soon as possible** following notification or decision of any change to your personal circumstances that may affect your GPST training. **Failure to complete this form could jeopardise your pay.**

A completed form may be used to adjust your employment record, your eportfolio record, or your training record with the School of Primary Care. The form may also be used to communicate with relevant organisations about your change such as the current or future education providers, the GPST host employer, and the relevant Area Team. Information supplied may also be recorded on a computer in accordance with the Data Protection Act 1998.

**It should now be noted it is the trainee’s responsibility to inform their Indemnity cover provider of any changes to their training.** Those trainees under the Deanery scheme are to report this to the MDU.  Once you are a member, you can do that by logging-in at [themdu.com/my-membership](http://www.themdu.com/my-membership)  (you will need to register for this when you log in for the first time) or you can email the membership team directly on membership@themdu.com . When communicating with the MDU please quote your membership number in all correspondence.

Please ensure you complete and submit this form electronically.

## Your Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **GMC Number**  |  |
| **First Names** |  | **Date of submission** |  |

## Change Type (select all that apply with a “y”)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal**(name change) |  | **Contact** (phone, email, address) |  | **Supervisor** (clinical/ educational) |  | **Leave** (sick, maternity/ paternity, accrued) |  |
|  |  |  |  |  |  |  |  |
| **Placement** (location / dates) |  | **Working Hours** (i.e. less than full time) |  | **Completion of Training** (date change) |  | **Other** |  |

## Change Details

Please describe the type of change providing as much detail as possible so that your training record can be updated accurately. Enter as many changes as apply including dates when the changes apply. For sick leave, this is your self-certification. Please include the nature of the sickness.

|  |  |  |
| --- | --- | --- |
| **Details of the change (before and after)** | **Start date (dd/mm/yy)** | **Finish date (dd/mm/yy)** |
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## GP TRAINEE DECLARATION

I confirm the details supplied are correct. I confirm I have informed relevant current or future supervisors and practice or rota managers about this change as well as any other organisations related to training that are affected by this change. I agree to the School of Primary Care sharing this form and any accompanying documentation to organisations relevant to my GPST training.

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| **Bristol (Absence)** | Amanda.philo@nbt.nhs.uk |
| **Bristol (Any other…)** | Mandy.Price@nbt.nhs.uk |

Once completed, please email this form to the Lead Employer ghn-tr.gptrainee@nhs.net and to your Programme Manager: