***working across Thames Valley***

**GENERAL PRACTICE FORM FOR PAYMENT OF TRAINER GRANT ONLY – PAY1-TG**

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| **1 GP TRAINEE DETAILS** | | | | | | |
| **Surname** | |  | | **First Names** |  | |
| **Maiden Name**  **(if applicable)** | |  | | **Gender:**  **Male / Female** | **Date of Birth** |  |
| **Address** | |  | | **Correspondence address during training if different** |  | |
| **Postcode** | |  | | **Postcode** |  | |
| **Home Telephone number:** | | | **Mobile Number:** | | **National Insurance Number:** | |
| **E-mail:** | | | | | **Nationality:** | |
| **2 GP TRAINER AND PRACTICE DETAILS** | | | | | | |
| **Surname** | |  | | **First Names** |  | |
| **Name and full address of training practice** | |  | | | | |
| **Postcode** | |  | | **Practice Code Number** |  | |
| **Practice telephone** | |  | | **Practice Manager** |  | |
| **Trainer’s e-mail** | |  | | **Practice Manager’s e-mail** |  | |
| **3 TYPE OF TRAINING POST – Please tick if appropriate** | | | | | | |
|  | | GP Induction and Refresher Scheme (I&R) (Trainer’s Grant only) | | | | |
| **4 PERIOD OF TRAINING** | | | | | | |
| **From (dd/mm/yy)** | |  | | **To (dd/mm/yy)** |  | |
| **Is this a full time appointment?** | | | **YES / NO** | If no please state % of full time hours worked | |  |
| **If at any time there is a change in the information provided in Sections 1, 2 and 4, you must submit a PAY2 form as soon as possible.** | | | | | | |
| **6 NATIONAL TRAINING NUMBER** | | | | | | |
| If you have been issued with a National Training Number, please provide it below:  ........ / 800 / ............. / ... | | | | | | |
| **5 GMC REGISTRATION** | | | | | | |
| **Type of Registration (please tick)** | | | **Registration Number** | **Date of Full Registration or expected date of eligibility for full registration** | | **Date current period of GMC membership expires** |
|  | | Full |  |  | |  |
|  | | Limited\* |  |  | |  |
|  | | Provisional\* |  |  | |  |
| **\* Please state when you expect to be eligible for full registration with GMC** | | | | | |  |
| **6 FITNESS TO PRACTISE PROCEEDINGS** | | | | | | |
| ***All applicants must read this statement and complete the declaration***  **Fitness to practice proceedings by a licensing/regulatory body**  **Statement**  Registration with the General Medical Council or General Dental Council imposes on doctors and dentists the duty to provide a good standard of medical care for, and behave appropriately towards, patients. NHS employers also have a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients. Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. We need to ask you to declare any previous or pending prosecutions or convictions, including those considered “spent” under this Act. You are also asked to declare any cautions or bind-overs.  We need to establish if you have been the subject of any fitness to practise proceedings in the past, or if any fitness to practise proceedings are being contemplated, by a licensing or regulatory body in the UK or another country and this is also reflected in the declaration.  This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the action, how long ago it took place and any other factors which may be relevant.    **Failure to disclose any fitness to practise proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council for consideration if such a discrepancy came to light.**  **FITNESS TO PRACTICE DECLARATION**  **Applicant’s Declaration regarding:**   1. **Fitness to practise proceedings taken or being currently contemplated by a licensing/regulatory body.**   Have you been or are you currently subject to any fitness to practise proceedings by an appropriate licensing or regulator body in the UK or any other country?  **YES / NO**  If **Yes,** please provide details of the nature of proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned. (Please continue on a separate sheet of paper if necessary)  I hereby declare that the information given here is true.  Signed ............................................................................. Date ................................................... | | | | | | |
| **7 DOCUMENTATION** | | | | | | |
| Please submit **photocopies** of the following documents with this PAY1-TG Form. Please do not send originals. | | | | | | |
| **Enclosed (please tick)** | | **Documentation** | | | | |
|  | | Letter confirming annual renewal of General Medical Council membership | | | | |
|  | | Evidence of Membership of a recognised Medical Defence Organisation | | | | |
|  | | Photocopy of passport | | | | |
|  | | Visa (if applicable) | | | | |
|  | | Letter of immigration status from the Home Office (if applicable) | | | | |
| **8 GP SPECIALTY TRAINEE DECLARATION** | | | | | | |
| **I confirm that** *(tick boxes that apply)* | | | | | | |
|  | I am and will continue to be a member of a recognised medical defence organisation during this period of training | | | | | |
|  | I currently have and will maintain registration with the GMC during this period of training | | | | | |
|  | I am a member OR I have applied for membership of the National Medical Performers’ List | | | | | |
|  | I will submit expenses claims on a monthly basis and I understand that any claims submitted later than 3 months of being incurred will not be processed. | | | | | |
|  | I understand that a copy of this form and accompanying documentation will be supplied to the PCA/SBS responsible for the area in which my training practice is located. Information supplied on this form will be recorded on a computer in accordance with the Data Protection Act 1998. | | | | | |
| Signature (GPStR) | |  | | Date of Signature |  | |
| Print Name | |  | | | | |
| **9 TO BE COMPLETED BY GP TRAINER** | | | | | | |
| **Vehicle Allowance**  Is the practice going to provide a motor vehicle for the use of the GPStR in addition to any other motor vehicle used for the purposes of the practice? | | | | | | **Yes / No** |
| **Telephone Expenses**  The following may be necessary for the GPStRs duties in the practice. (The PCSE will reimburse telephone expenses to the GP Trainer on production of the appropriate receipts.) Please tick. | | | | | | |
|  | | Installation of an extra telephone extension at the surgery | | | | |
|  | | Installation of a new telephone at the GPStR’s residence | | | | |
|  | | Installation of a bedroom telephone extension | | | | |
| **CCG**  Please give the name of your CCG | | | |  | | |
| **10 GP TRAINER DECLARATION** | | | | | | |
|  | | I am an approved GP Trainer in Health Education England, Thames Valley | | | | |
|  | | I understand that a copy of this form and accompanying documentation will be supplied to the PCSE responsible for the area in which my training practice is located. Information supplied on this form will be recorded on a computer in accordance with the Data Protection Act 1998 | | | | |
| Signature – GP Trainer | |  | | Date of signature |  | |
| Name (PRINTED) | |  | | | | |

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| **11 TO BE COMPLETED BY THE DEAN OF GP SCHOOL** | | | | |
|  | I confirm that the PCSE may commence payments in respect of this period of training in accordance with the agreement for the provision of postgraduate general practice education issued by the Health Education England, Thames Valely. | | | |
| Signature – GP Dean | |  | Date of signature |  |
| **Name** | |  | | |
| **Additional Trainer’s Grant** | | | | |
|  | I confirm that this is a remedial training placement requiring significant additional trainer support and authorise a double trainer’s grant. | | | |
| Signature – GP Dean | |  | Date of signature |  |

Please ensure that all sections have been completed and then send this form and documents to **School of General Practice, Health Education England Thames Valley, Thames Valley House, 4630 Kingsgate, Oxford Business Park South, Oxford OX4 2SU**