|  |  |
| --- | --- |
| **Personal information** | |
| First name | Last name |
|  |  |
| Preferred name | Title |
|  |  |
| **Education and Professional Qualifications** | |
| Current role |  |
| Date of CCT |  |
| GMC status | |
| I confirm that I am currently registered on the NHS GP Performers List and am in good standing with the GMC  Yes  No | |
| **Employment History** | |
| **Current employing practice** |  |
| Employer address | |
| Job title | |
| Start date | |
| [Brief description of any additional educational duties and responsibilities you hold above those expected in your role, e.g., mentor, clinical supervisor, Community Education Facilitator/PCN educator, Workforce Support Lead etc.] | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  | | |
| 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? (max 150 words) | | | |
|  | | | |
| 1. How do you anticipate this fellowship will support your development as an educator? (max 250 words) | | | |
|  | | | |
| 1. How to you anticipate this fellowship will support GP Expansion? (max 150 words) | | | |
|  | | | |
| 1. Please give an example of a potential project that you would be keen to implement - aimed at the NHS 10 year plan ‘three shifts’ and delivering GP placement expansion (max 300 words) | | | |
|  | | | |
| **Declaration** | | | |
| Do you currently work for a minimum of 2 sessions per week as an NHS GP? | | Yes  No | |
| I confirm I have agreement from my employer to participate in this fellowship programme | | Yes  No | |
| Will you be released from practice for 2 sessions per week 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 | |
| Do you confirm you will attend all the masterclasses (unless exceptional circumstances)? | | 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 return the completed application form by email to england.ksspc.pcschool@nhs.net Closing date - 10th October 2025. Interviews will be held during the week of 3rd November**

**Programme commences 21st January**

**Data Protection:** By completing the application form, you consent to NHSE KSS Primary Care School holding and processing, both electronically and manually, the data collected about you during 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.