**Humber Coast and Vale Fellowship programme 2022/23REGISTRATION FORM**

1. **Please indicate below which fellowship programme you are wishing to register for:**

***Catalyst*** E***nhanced*** ***Catalyst & Enhanced*** ***Phoenix***

1. **Participant Information:**

***Title: Dr: □ Other:***

***Surname:***

***First Name:***

***Contact***

***Phone Number:***

***Email Address:***

1. **Registration Details:**

**GMC Number: Date Qualified as GP:**

1. **Details of your Practice**

***Practice:***

***Practice Address:***

***Name of GP/Practice Manager who has approved:***

***Will you be taking day release from practice to join the fellowship programme:***

***Yes: No:***

1. **Bursary**

The fellowship programme is free to join, but you may need time out of practice for the scheme depending on personal circumstances.

GPs qualifying accepted on the fellowship programme and working at HC&V practices are eligible for a bursary from NHSE NE&Y of:

* Catalyst - £10,000 to cover release for 1 session per week
* Enhanced - £10,000 to cover release for 1 session per week
* Phoenix - £22,000 to cover release for 2 sessions per week

 ***Tick here if you wish to apply for this bursary.***

GPs in other areas and qualifying outside these dates may still be able to apply for a bursary through various Transformation programmes. We can provide advice on an individual basis.

***Tick here if you would like to speak with someone about other bursary options.***

1. **Statement:**

***To help us tailor the programme to our participants, please provide us with a brief statement on why you are interested in Fellowship programme:***

1. **Participant Signature:**

**Sign: Date:**

1. **Practice Agreement**

I affirm as an authorised representative of the practice:

* The practice agrees to release the appropriate weekly sessional time for study and support as outlined by the selected programme(s). If requested above the practice will receive a bursary to support this release of time, which will be paid in instalments.
* All staff at the practice are committed to supporting a GP fellow.
* The practice agrees to undertake an initial audit to be entered on to PARE (Placement Evaluation Record and Assessment – the digital platform used to quality assure placement providers for students and funded trainees) if not already on. Note – initial audit can be done via virtual meeting and takes around 1 hour.
* The practice consents to the collection of data and evaluation regarding the scheme and will participate in activities as appropriate. The practice consents to the information provided being shared with NHSE/HEE/PCWTH staff as necessary for funding or administrative purposes.
* The practice consents to the PCWTH/NHSE/HCV staff making contact during the scheme in order to; Check that the GP fellow is successfully in post and has received an appropriate induction and orientation, offer the practice support and share information relating to events, guidance, updates and funding.
* The practice intends to support the GP Fellow to complete the scheme.

**Name: Role:**

**Signature: Date:**

**THANK YOU**

**Please return your completed registration form to:**

The Humber, Coast and Vale Primary Care Workforce and Training Hub (PCWTH) Team: training@haxbygroup.co.uk

*Your personal data will be used only in accordance with Data Protection legislation. By signing this application form you grant consent for Haxby Group Training to share data provided exclusively to NHSE/HEE/relevant authorities for the purpose of monitoring use of funding and administration of the scheme. Haxby Group Training will not disclose any personal information to any other third parties without your express consent. Funding provided by Health Education England*