



**Health Education England**

## GP/GPN Fellowship Application form

**Name of Practice:** .....

**Practice Contact:** .....

**Contact Email:** .....

**Contact Phone:** .....

**Role: GP or Nurse:** .....

**Name of Fellow:** .....

(if already appointed)

**Graduation/Date of CCT:** ..... **Contract Start Date:** .....

**%WTE (Work Hours):** .....

Assurance Checklist for fellowship has been completed and sent to local PCTH

Agreed **Yes/No**

1 session per week (WTE pro rota) identified as protected learning and development time

Agreed **Yes/No**

### Account details for funding

Account Name: .....

Account Number: .....

Sort Number: .....

### Signature (Practice Manager or Senior GP)

Signed: .....

Print Name: .....

Date of application: .....