|  |  |
| --- | --- |
| **Name of intending trainer** |  |
| **Training Programme** |  |
| **GP Training Programme Directors** |  |
| **Name of educational mentor** |  |
| **Proposed start date as trainer**(subject to approval at interview) |  |
| **Involvement with trainers group**  |
| Intending Trainer - Please detail your involvement with the Trainers Group, and any feedback you wish to give: |
| TPD - Please confirm the PT’s involvement, and add any further details you feel necessary:Please attach summary of attendance at trainers workshops |
| **Involvement with half day release programme**  |
| Intending Trainer - Please detail your involvement with half day release, and any feedback you wish to give: |
| TPD - Please confirm the PT’s involvement, and add any further details you feel necessary: |

**Training Programme Director (TPD) Structured Report**

|  |
| --- |
| **Any issues arising from educational supervision** |
| Intending Trainer - Please confirm that you have been involved in educational supervisor / mentoring sessions and you have gained useful knowledge from these sessions. Please add any further details you feel necessary. |
| TPD - Please confirm that the PT has been involved in Educational Supervision, and add any further details you feel necessary: |
| **The remainder of this document is to be completed by the Training Programme Director** |
| **Please detail any changes that may have occurred to the practice since the informal visit occurred**  |
|  |
| **Please detail changes, if any, to the intending trainers circumstances since the last informal visit occurred**  |
|  |

|  |
| --- |
| **Please comment on the following areas**  |
| Availability and accessibility for patient care and teaching: |
| Evidence of encouragement / enthusiasm by practice as a whole / partners in particular for this candidate to become a GP Trainer: |
| Any other comments:  |
| **Proposed timetables reviewed by TPD** | Yes / No |
| **Timetables reviewed by the TPD are compliant**  | Yes / No |
| **PDP reviewed and confirmed as appropriate (new trainers only)**  | Yes / No |
| **Please confirm that you agree this intending trainer can proceed to interview**  | Yes / No |
| If you answered ‘no’ to the above question please detail your reasons below:**Please note your comments detailed above will be passed to the Panel Chair, who will confirm whether or not the intending trainer should be allowed to proceed to interview.** |
| **Print name of Training Programme Director**  |  |
| **Date:** |  |