

**NHSE/I BNSSG Extended Mentors Scheme Application Form**

*Thank you for your interest in contributing to this scheme. Please complete the form below and return to Sarah Ballisat, scheme lead at:* *trina.leskiw@nhs.net*

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Date of Application |  |
| Name |  |
| Email Address |  |
| Mobile Number  |  |
| GMC Number |  |

**PRACTICE DETAILS**

|  |  |
| --- | --- |
| Employing Practice Name and Address |  |
| Role at Employing Practice (Salaried GP/GP Partner) |  |
| Number of Clinical Sessions Employed Per Week |  |
| Practice Manager Name |  |
| Practice Manager Email Address |  |
| Primary Care Network |  |

*Thank you for sharing this information with the BNSSG Training Hub. We will store your information securely, and will only use it to contact you with information regarding the supporting mentors scheme. We will not share your personal details with third parties.*

**APPLICATION FORM**

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| --- |
| What are your personal objectives in applying to be part of this scheme? |
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| How can newly GPs benefit from mentoring? |
|  |
| Please provide details of any previous mentoring experience and/or other relevant work supporting the development of colleagues: |
|  |
| Please provide details of any previous leadership experience: |
|  |
| Please provide details of any previous medical education experience: |
|  |
| Are you able to be part of this scheme for at least a year? | YES/NO |
| Would you be interested in mentoring GPs at different stages of their careers?  | YES/NO |
| Would you be interested in mentoring other primary care staff? | YES/NO |