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GENERAL PRACTICE TRAINEE PAYMENT FORM – PAY1

1 GP TRAINEE DETAILS			
Surname		First Names	
Maiden Name (if applicable)		Gender: Male / Female	Date of Birth
Address		Correspondence address during training if different	
Postcode		Postcode	
Home Telephone number:		Mobile Number:	National Insurance Number:
E-mail:			Nationality:
2 GP TRAINER AND PRACTICE DETAILS			
Surname		First Names	
Name and full address of training practice			
Postcode		Practice Code Number	
Practice telephone		Practice Manager	
Trainer's e-mail		Practice Manager's e-mail	
3 TYPE OF TRAINING POST – Please tick appropriate box			
	ST3 GP trainee (GStR)		
	ST1 or ST2 GP Trainee (GStR)		
	GP accepted for an extension to the normal training period		
	GP referred for re-training under the GMC Poorly Performing Doctors' Scheme		
	GP Induction and Refresher Scheme (I&R) Full Scheme A (Trainer's Grant and Salary)		
	<ul style="list-style-type: none"> • GP Induction and Refresher Scheme (I&R) Short Scheme B (Trainer's Grant only) Please do not use this form. Please complete PAY1-TG. • Doctor with external funding accepted for a period of general practice training (eg Hospital specialist, doctor not eligible for funding, Defence Deanery trainee) Please do not use this form. Please complete PAY1-TG. 		
4 PERIOD OF TRAINING (dates of this post only)			
From (dd/mm/yy)		To (dd/mm/yy)	
Is this a full time appointment?	YES / NO	If no please state % of full time hours worked	
If at any time either of the dates above should change, you must submit a PAY 2 form as soon as possible.			

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South Central

5 GMC REGISTRATION

Type of Registration (please tick)	Registration Number	Date of Full Registration or expected date of eligibility for full registration	Date current period of GMC membership expires
Full			
Limited*			
Provisional*			

* Please state when you expect to be eligible for full registration with GMC

6 NATIONAL TRAINING NUMBER

If you have been issued with a National Training Number, please provide it below:

WES / 800 / / ...

7 DAY RELEASE COURSE

Where will you attend the Day Release Course?

8 WORKFORCE PLANNING

The Deanery is regularly required to provide data to the Department of Health to assist with workforce planning. The following information will assist the Deanery in maintaining accurate data for this purpose. Only data for the Wessex Deanery as a whole and not the individual details will be passed to the DoH. Please state the date on which you currently expect to complete your general practice training programme.

Expected date for CCT (dd/mm/yy):

9 IMMIGRATION AND TRAINING STATUS (All applicants must complete this section)

Surname		Forenames	
Nationality 1		Nationality 2 (if applicable)	

a) Nationality Are you a British Citizen or European Economic Area (EEA) national? <i>If NO, please complete sections b – d and supply documentary evidence</i>	YES	NO
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b) Immigration Status

Settled Status	Yes / No	Spouse of British Citizen	Yes / No
Refugee	Yes / No	Permit Free Training	Yes / No
Commonwealth grand citizen with grandparents born in the UK	Yes / No	Work Permit (in General Practice you will need Permit Free Status. It is your responsibility to have the correct status by the start of this post)	Yes / No

c) Passport expiry date (dd/mm/yy)

Date of entry to the UK (dd/mm/yy)		Date period of entry to the UK ceases (dd/mm/yy)	
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d) Do you hold a certificate of specific training or an acquired right to practise awarded by another EEA Member State under Title IV of EC Directive 93/16/EEC? <i>Possession of this certificate renders you ineligible for this post</i>	Yes / No
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10 FITNESS TO PRACTISE PROCEEDINGS

All applicants must read this statement and complete the declaration

Fitness to practice proceedings by a licensing/regulatory body

Statement

Registration with the General Medical Council or General Dental Council imposes on doctors and dentists the duty to provide a good standard of medical care for, and behave appropriately towards, patients. NHS employers also have a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients. Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. We need to ask you to declare any previous or pending prosecutions or convictions, including those considered “spent” under this Act. You are also asked to declare any cautions or bind-overs.

We need to establish if you have been the subject of any fitness to practise proceedings in the past, or if any fitness to practise proceedings are being contemplated, by a licensing or regulatory body in the UK or another country and this is also reflected in the declaration.

This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the action, how long ago it took place and any other factors which may be relevant.

Failure to disclose any fitness to practise proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council for consideration if such a discrepancy came to light.

FITNESS TO PRACTICE DECLARATION

Applicant’s Declaration regarding:

- (a) Fitness to practise proceedings taken or being currently contemplated by a licensing/regulatory body.**

Have you been or are you currently subject to any fitness to practise proceedings by an appropriate licensing or regulator body in the UK or any other country?

YES / NO

If **Yes**, please provide details of the nature of proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned. (Please continue on a separate sheet of paper if necessary)

I hereby declare that the information given here is true.

Signed Date

GP StR – please now complete Sections 14 to 17 and ask your Trainer to complete Sections 11 and 12.

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11 TO BE COMPLETED BY GP TRAINER			
Vehicle Allowance Is the practice going to provide a motor vehicle for the use of the GP StR in addition to any other motor vehicle used for the purposes of the practice?			Yes / No
Telephone Expenses The following may be necessary for the GP StRs duties in the practice. (The PCT will reimburse telephone expenses to the GP Trainer on production of the appropriate receipts.) Please tick.			
	Installation of an extra telephone extension at the surgery		
	Installation of a new telephone at the GP StR's residence		
	Installation of a bedroom telephone extension		
PCT Please give the name of your PCT			
12 GP TRAINER DECLARATION			
	I am an approved GP Trainer in the Wessex Deanery and have a signed Service Level Agreement with the Deanery to provide GP training.		
	I understand that a copy of this form and accompanying documentation will be supplied to the PCT responsible for the area in which my training practice is located. Information supplied on this form will be recorded on a computer in accordance with the Data Protection Act 1998		
Signature – GP Trainer		Date of signature	
Name (PRINTED)			

Please complete **all remaining sections** of this form except for Section 13 and return it with the GP StR's documents (*see Section 16*) to:

GP Programme Administrator, School of General Practice, Wessex Deanery, Southern House, Otterbourne, Winchester, SO21 2RU

13 TO BE COMPLETED BY THE DIRECTOR OF GP SCHOOL			
	I confirm that the PCT may commence payments in respect of this period of training in accordance with the agreement for the provision of postgraduate general practice education issued by the Wessex Deanery.		
	I confirm that there is an approved educational contract between the Wessex Deanery and the GP Trainer named above in Section 12.		
Signature – Director of GP School		Date of signature	
Name	Dr Richard Weaver MB, BCh, BAO, DRCOG, FRCGP		
Additional Trainer's Grant			
	I confirm that this is a remedial training placement requiring significant additional trainer support and authorise a double trainer's grant.		
Signature – Director of GP School		Date of signature	

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14 PREVIOUS / PRESENT EMPLOYMENT					
SECTION A Present or most recent NHS Hospital appointment (<i>please state specialty eg Paediatrics</i>)					
Grade of post (eg PRHO, SHO, StR, Consultant)		Was this a locum post?		Yes / No	
Name of Hospital where this post was undertaken					
Address of Hospital where this post was undertaken (including postcode)					
Date commenced (dd/mm/yy)		Date terminated (dd/mm/yy)			
Annual salary (excluding supplements)		£	Salary scale:	Increment date (dd/mm/yy)	
SECTION B If you currently (or have previously) work(ed) or train(ed) in General Practice, please indicate the type of position held in the box opposite and complete the information below.			PRHO rotation		
			GP Registrar training post		
			GP Principal		
			Sessional Doctors and Assistants		
			Other (please state):		
Name of the PCT responsible for the area where you currently/most recently work(ed)/train(ed) in General Practice					
Full name and address of the surgery (including postcode)					
Annual salary (excluding supplements)		£	Date commenced (dd/mm/yy)	Date terminated (dd/mm/yy)	
SECTION C Have you previously held a locum post?			In General Practice in the NHS		Yes* / No
			In an NHS hospital		Yes* / No
* If details of the locum posts(s) were not provided in Section A or B, please give details below. Continue on a separate page if necessary.					
SECTION D Was your last full-time appointment in one of the following categories?					
A medical branch of the Armed Forces		Yes / No	The Community Health Services		Yes / No
The medical services of another country		Yes / No	A teaching post in a medical school		Yes / No
If you have answered Yes to any of the above, your salary in this appointment will be calculated by the Secretary of State. Please give details of the duties that were involved. Continue on a separate page if necessary.					

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14 MEDICAL DEFENCE ORGANISATION SUBSCRIPTIONS

It is confirmed that: (tick box if applicable)

	The GP StR has paid the subscription and the cost thereof may not be reclaimed elsewhere. The GP trainer will reimburse the appropriate proportion to the GP StR.
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The PCT will reimburse the excess over the hospital rate of medical defence body subscriptions to the GP trainer after production of the GP StRs receipt from the defence body

15 SUPERANNUATION SCHEME (Pension)

1. Do you wish to participate in the NHS Superannuation Scheme?	Yes / No*
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* If you do not wish to take part in the scheme, please complete form SD 502, which is available directly from the PCT. If you do not complete this form your remuneration will be automatically superannuated

2. Are you already contributing to the NHS Superannuation Scheme?	Yes** / No
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** If yes, are you buying added pension years from the NHS Pensions Agency or making additional Voluntary Contributions to another pension provider? If so, please provide details and state what percentage you are paying.

3. Have you contributed to the NHS Superannuation Scheme in the past?	Yes*** / No
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*** If yes, please state your SD Number (available from your payroll)

16 DOCUMENTATION

Please submit **photocopies** of the following documents with this PAY 1 Form

Enclosed (please tick)	Documentation
	Letter confirming annual renewal of General Medical Council membership
	Evidence of Membership of a recognised Medical Defence Organisation
	Most recent payslip
	Summary of previous employment or curriculum vitae
	Photocopy of passport
	Visa (if applicable)
	Letter of immigration status from the Home Office (if applicable)

17 GP SPECIALTY TRAINEE DECLARATION

I confirm that (tick boxes that apply)

	I will not make a claim to the PCT in respect of any expenses that have been/will be recovered elsewhere (eg removal expenses recovered by a partner)
	I am and will continue to be a member of a recognised medical defence organisation during this period of training
	I currently have and will maintain registration with the GMC during this period of training
	I am a member OR I have applied for membership of the PCT's Medical Performers' List
	I understand that a copy of this form and accompanying documentation will be supplied to the PCT responsible for the area in which my training practice is located. Information supplied on this form will be recorded on a computer in accordance with the Data Protection Act 1998.

Signature (GP StR)		Date of Signature	
Print Name			

Please ensure that all sections have been completed (except for Section 13) and then send this form and documents to **GP Programme Administrator, School of General Practice, Wessex Deanery, Southern House, Otterbourne, Winchester, SO21 2RU**