|  |  |
| --- | --- |
| **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:** |  | |