**BNSSG General Practice Fellowship Programme**

*Expression of Interest form for Newly Qualified GPs*

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| --- | --- |
| Name |  |
| Email address |  |
| Telephone number |  |
| Date of CCT |  |
| Do you currently have a salaried GP or GP partnership role? | Yes/No |
| If yes, please supply the following details: |
| Practice name and address |  |
| Practice Manager name |  |
| Practice Manager email address |  |
| The number of clinical sessions you work per week |  |
| Are you interested in participating in fellowship planning meetings as a GP representative? | Yes/No |
| Do you have any special interests, portfolio career aspirations or ideas for quality improvement work that you would like to pursue as part of this fellowship? If so, please describe: |  |
| If you have any questions regarding the fellowship, please write them here: |  |

*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 further details of the GP fellowship programme. We will not share your personal details with third parties.*