

**Severn Postgraduate Medical Education**

**Prospective Clinical Supervisors’ Courses**

**2-Day courses for GPs in the footprint of the Severn PGME School of Primary Care who wish to become General Practice clinical supervisors and supervise F2 doctors, GP retainer doctors and/or GP ST1 & ST2 trainees.**

## held at

## Deanery House, Hambrook, Bristol BS15 1GW



**Spring 2014: Wednesday & Thursday, 12 & 13 March**

**Summer 2014: Wednesday & Thursday, 4 & 5 June**

**Autumn 2014: Wednesday & Thursday, 10 & 11 September**

* The course will equip you with the skills for effective clinical supervision.
* You are invited to bring issues and any concerns pertaining to the particular type of supervision you are or intend to be involved in. These will be examined fully.
* It will be necessary for you to attend both days of the course. The cost of this course is £100.00 which will be reimbursed once approval as a GP clinical supervisor has been granted by the School Board. This fee is not refundable or transferable should you cancel your booking within four weeks prior to course commencement.
* To book a place on this course, please complete and submit the attached form. We will invoice your practice prior to course commencement.

Prospective GP Clinical Supervisors’ Course (PCSC):

**APPLICATION FORM**

Name ……………………………………………………………………….….

Name of GP Practice …………………………………………………….…..

Is Practice a current GP Training Practice (Yes/No) ……………….…….

Address of GP Practice …………………………………………….………..

GMC Number …………………………………………………………………

E-mail Address ………………………………………………………………..

Telephone No ..……………………………………………………………….

Is your practice interested in becoming an approved training practice for GP ST3 trainee/

registrar supervision (Yes/No) ….……………………………………………………………..

Is your practice currently involved in supervising F2 doctors, GP retainers, generic

education, other (please specify):

…………………………………………………………………………………………………….

Are you currently involved in the process of supervising F2 doctors, GP retainers,

Generic education, other (please specify):

…………………………………………………………………………………………………….

Have you completed any previous courses in medical education? If yes, please specify:

…..………………………………………………………………………………………………...

Please indicate which course you wish to attend:

**□ Spring 2014: Wednesday & Thursday, 12 & 13 March**

**□ Summer 2014: Wednesday & Thursday, 4 & 5 June**

**□ Autumn 2014: Wednesday & Thursday, 10 & 11 September**

**I agree that my practice can be invoiced for this course fee.**

Signed ……………………………….. Date …………………………….

**Please submit your application to:-**

Jackie Pullin, GP Co-Ordinator, School of Primary Care

Deanery House, Vantage Business Park

Old Gloucester Road, Hambrook, Bristol BS16 1GW

**Tel: 01454 252682 Email:** [**jacqueline.pullin@southwest.hee.nhs.uk**](mailto:jacqueline.pullin@southwest.hee.nhs.uk)

**Your local Associate Postgraduate Dean will be asked to confirm their support for this course application before a booking can be confirmed.**