**TA8-Pre-Approval Visit Trainer and Practice Information Form**

**TRAINER INFORMATION**

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| Trainer(s) name(s): |  |
| GMC number: |  |
| Practice name and address: |  |
| Telephone numbers:Practice:Mobile: |  |
| Email address(es): |  |

**TRAINER AS TEACHER**

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| **The New GP Educational Supervisors’ course or any other approved Educational Supervisors’ course from any other UK Deanery.**When do you plan to undertake/finish the course? |  |
| Have you discussed your intentions to become a Trainer with your local Programme Director? Please indicate the date that this took place, name of Programme Director(s) and include some reflection on your plans to become a Trainer. |  |
| Attendance at the local Trainers’ group is an essential part of the preparation to become a trainer. Please enter the dates you have attended your groups. |  |
| In order to be a Trainer, you are required to hold MRCGP or FRCGP.Please enter the date this was achieved. |  |
| Describe what CPD activities you have undertaken or plan to undertake to develop your skills as a Trainer. (e.g. Deanery Faculty days, Nuts and Bolts course). Enclose your Educational PDP. You will be expected to complete a WPBA Nuts and Bolts CBD/COTs course before your approval visit. |  |
| By the time you start the New Educational Supervisors’ course and certainly before you are allocated a trainee you are required to have a minimum post CCT experience of • 3 years in a non-training practice OR• 2 years in a training practice.You must also have been in your current practice for a minimum of 6 months. Please describe the experience you have. |  |
| It is a condition of your appointment by Health Education England Thames Valley that prior to such appointment, applicants to become General Practice Trainers shall be required to disclose whether at any time they have had any GMC complaints or restrictions against their licence.Please list opposite with dates. |  |