|  |
| --- |
| **Application for Funding from the GP Specialty Trainee**  **Educational Allowance**  **(only to be used when in a GP placement)** |

|  |  |
| --- | --- |
| **National Training Number** | OXF / 800 / |
| **Training Scheme** |  |
| **Trainee Name** |  |
| **Home Address** |  |
| **Email** |  |
| **Telephone** |  |
| **Practice Address** |  |
| **Training Year** | ST1 □ ST2 □  ST3 □ ST4 □  Extension □ |
| **Start Date of Current GP Post** |  |
| **Completion Date of Current GP Post** |  |
| **F/T or P/T (%)** |  |

|  |  |
| --- | --- |
| **Details of Course** | Course Name:  HEETV Course □ External Course □  If external, name of organisation offering training: |
| **Dates of Course** | From: To: |
| **Educational Need (from PDP)** |  |
| **Cost of Course** |  |

**Trainee Signature:...................................................... Date:.......................................**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by GP Educational Supervisor** |  | Date: | **Please print name** |
| **Approved by GP Programme Director** |  | Date: | **Please print name** |
| **Approved of HEETV** |  | Date | **Please print name** |

(All signatures to be on same page)

No emailed forms accepted without signatures

Download and print off copies of this form:

<http://www.oxforddeanery.nhs.uk/specialty_schools/school_general_practice/courses.aspx>

**Please send completed forms to:**

GP School

NHS England

South East (working across Thames Valley)

Heritage Gate | 2nd Floor, Marlborough House | Sandy Lane West

Littlemore | Oxford | OX4 6LB

[england.gpstudy.tv@nhs.net](mailto:england.gpstudy.tv@nhs.net)