**Application to enter the GMC register for Clinical Supervisors**

**ONLY use this form -**

* **If you are an approved training practice**

**OR**

* **Your practice wishes to apply to become an associate practice**

I would like to be added to the HEEM list of accredited Clinical Supervisors for Foundation and/or GP Specialty training

|  |  |
| --- | --- |
| Name: |  |
| GMC number: |  |
| Contact phone numberWork:Mobile: |  |
| Work email address: |  |
| Practice name, address and telephone number: |  |
| Practice Manager name and e-mail address: |  |
| Is this an HEE approved training practice? (Please tick) | Yes  |  |
| No **(Associate practice status needs to be applied for)** |  |
| Date HEE ‘EM’ CS part 1 completed: |  |
| Date HEE ‘EM’ CS part 2 completed: | GP: |
| Foundation: |
| Date module 1 of NTC completed: |  |
| Equality and Diversity training date (please attach certificate) |  |

Date:

Please send to: gptrainervisits.em@hee.nhs.uk