

Application Form

2024-2025 Fundamentals of GPN Training

The Training Hub will be supporting with the application of the course fees with NHSE WT&E.

Practice support

Nurses undertaking the programme must have access to a SSSA trained practice assessor (for competency support) who will provide a minimum of 2 hours support per week. The student can also work alongside other disciplines who can supervise practical skill development.

Entry Criteria:

Applicants should hold registrant status as a level 1 Registered Nurse or Registered Nursing Associate ([BCU Applications only](#)) with the Nursing and Midwifery Council (NMC).

Applicants should have access to clinical opportunities to practice within general practice for a **minimum of two hours** supervised practice per week in each module.

Please give as much information as possible for the team to assess your request for funding.

If you have any queries, please email primarycare.blackcountry@nhs.net

SECTION A: TO BE COMPLETED BY THE APPLICANT

Full Name:		
Role (please tick):	Registered Nurse	
	Registered Nursing Associate	
Place:	Dudley	
	Sandwell	
	Walsall	
	Wolverhampton	
Employing Organisation		
Primary Care Network (where appropriate):		
Practice MCODE (where appropriate)		
Email address:		
Contact number:		



How long have you been qualified and how long have you worked in your current clinical area?		
Supporting Information (this will be required by the course provider)	Yes	No
• Current DBS (within last 3 years)		
• Be employed or have a placement in a GP Practice for the duration of the course		
• Occupational health clearance including Immunisation status		
• Reference of support from employing practice		
• Evidence of NMC PIN		
• Details of practice assessor		
Describe how the practice or group/network will offer mentorship, support, and supervision to the candidate during the course.		
Identified Practice Assessor Name, and confirmation that they have NMC registration and have undertaken SSSA Practice Assessor training within the last 2 years		
How else will the practice support the personal and professional development of the candidate?		
Training provider: Please state the training provider with whom you will be undertaking the course/training, including contact details:		
Training start and end dates:		



SECTION B: TO BE COMPLETED BY THE APPLICANT'S LINE MANAGER				
Can you confirm that the candidate meets the entry requirements, and both the candidate and the employer understand the commitment required for this course? (i.e. number of programme hours, provision of clinical mentor, etc.)				
Line manager	Signature:		Date:	
SECTION C: OFFICE USE ONLY, PLEASE DO NOT COMPLETE				
Panel comments				
Approval to Proceed (Y/N)				
Funding Allocation £				
Funding Source				
Date of panel meeting				
Training Hub Approval (Project Manager, Project Coordinator or Business Manager)	Signature:		Date:	

N.B. Please note by completing this form this does not guarantee you will receive the funding. **Please follow your usual training request process with your employer**

Please return this form to primarycare.blackcountry@nhs.net. Your information will be used for recording and monitoring purposes and will not be shared with third parties without your consent.