



## REQUEST FOR GPN PEER MENTORSHIP

<b>Full name</b>			
<b>Role</b>	<b>Please tick all that apply</b>		
	General Practice Nurse	<input type="checkbox"/>	Newly-qualified (within 12 months)
	Advanced Nurse Practitioner	<input type="checkbox"/>	Mid-career
	Health Care Assistant	<input type="checkbox"/>	Nearing retirement
	Nursing Associate	<input type="checkbox"/>	
	Other (please state)	<input type="checkbox"/>	
<b>Direct telephone/ mobile number</b>			
<b>Email address</b>			
<b>Practice</b>			
<b>CCG</b>			
<b>PCN</b>			

Please provide a brief description of why you are seeking mentorship and what you hope to gain from this.

**Please indicate your two preferred mentors.  
 The mentors will be assigned based on availability.**

<b>Jayne-Marie Hawkins</b>	<input type="checkbox"/>	<b>Lynne Cooper</b>	<input type="checkbox"/>
<b>Jenni Francis</b>	<input type="checkbox"/>	<b>Tina Arenare</b>	<input type="checkbox"/>
<b>Karen Green</b>	<input type="checkbox"/>	<b>Tina Titley</b>	<input type="checkbox"/>
<b>Kathie Gould</b>	<input type="checkbox"/>	<b>Vanita Chumber</b>	<input type="checkbox"/>
<b>Lisa Davies</b>	<input type="checkbox"/>	<b>Yako Malcolm</b>	<input type="checkbox"/>
<b>Lorraine Clarke</b>	<input type="checkbox"/>		<input type="checkbox"/>





## PLEASE COMPLETE THIS QUESTIONNAIRE

1. How confident do you feel about making decisions about your personal development? (tick / highlight one)

1 Not at all confident	2	3	4	5	6	7	8	9	10 Completely Confident
------------------------------	---	---	---	---	---	---	---	---	-------------------------------

Please give further details:

2. How confident do you feel about planning your next career steps? (tick / highlight one)

1 Not at all confident	2	3	4	5	6	7	8	9	10 Completely Confident
------------------------------	---	---	---	---	---	---	---	---	-------------------------------

Please give further details:

3. How happy are you in your current role? (tick / highlight one)

1 Not at all happy	2	3	4	5	6	7	8	9	10 Very happy
--------------------------	---	---	---	---	---	---	---	---	---------------------

Please give further details:

Please email this completed form to: [england.blackcountry.gpfv@nhs.net](mailto:england.blackcountry.gpfv@nhs.net)

All forms will be kept confidential.

**Black Country & West Birmingham Sustainability and Transformation Partnership (STP)**

