**Expression of Interest - GPTF Training and Development**

**Non-Clinical, Reception, Admin & Practice Management Trainers**

We are inviting Expressions of Interest to join a small team of individuals that can design, develop and deliver training for our General Practice workforce. This will include non-clinical roles such as admin, reception and management.

GPTF already has an excellent track record delivering our Practice Management Induction and Step-Up Practice Management programmes. We hope this provides an exciting opportunity to expand to other admin and non-clinical workforce roles which adds to our portfolio of clinical education and training.

**Role expectations?**

Hours may be ad hoc or a set number of hours per week. Contracts could be fixed term for 12 months depending upon availability, skill mix and budget.

We are looking for individuals who have experience in General Practice and can share their knowledge and skills both informally and formally through peer support and training. We already know the investment in non-clinical roles has been limited and we want to start to address that.

Whilst we aspire to the highest standards, if you don’t have formal training experience yet, please do see if you still meet our minimum standards as we are keen to develop people with the right skills into these roles.

Some training and development may be commissioned externally forging links with our system partners and providers, whilst other opportunities may be designed and developed in-house. We are working closely with commissioners and Health Education Derbyshire as part of the Training Hub consortium contract.

The minimum standards are;

- Passionate about General Practice

- A confident speaker

- Have some experience in presenting

- Can deliver virtual or face to face

- Have good subject/technical knowledge in your role

- Can engage people

- Act with professionalism representing GPTF

GPTF actively encourage expressions of interest from all candidates and all backgrounds.

**Closing date:**  **Thursday** **21st July 2022, 5pm**

**Interview date: w/c 25th July 2022 tbc**

**ddlmc.gptf@nhs.net** **EoI & Equality Diversity Form or questions**

**Expression of Interest Form - Non-Clinical, Reception, Admin & Practice Management Trainers**

|  |
| --- |
|  |
| **Full name:** |  |
| **Current job title:** |  |
| **GP practice:** |  |
| **Your capacity for training & development role:** | Hours Per Week:ORHours Per Month: |
| **What support area are you expressing an interest for?** | [ ]  GP practice administration skills trainer[ ]  Reception trainer[ ]  Coding & summarising trainer[ ]  Step Up to Practice Management trainer[ ]  Practice Management Induction facilitator & trainer[ ]  Team development/ facilitator[ ]  Training advisor/ working group memberOTHER:  |
| **What other areas of training and development can you offer?**e.g. team development, hobby or interest etc |  |
| **What skills and experience do you feel you could bring to GPTF?**Please cover your experience and skills in;* Understanding General Practice management and/or non-clinical roles
* Any experience of design and delivery of training
* Any work you have done previously in writing training/ quality standards or accreditation
* Experience/ confidence in presenting both virtually and face to face
* Subject knowledge
* Ensuring quality feedback
* Identifying training gaps
* Ensuring content is engaging and interactive
* Acting with professionalism representing GPTF

(Word guide 400-600, max 1000 words). You can send a copy of your C.V as well if you wish. |

I agree this is a true and accurate representation of my skills and experience. Following the closing date, I understand I will be further assessed for role suitability with an interview process which may mean I am awarded a contract, put on bank or declined with feedback and support.

**Signed:** **Date:** Click or tap to enter a date.

**Please send completed Expressions of Interest and the Equality and Diversity Monitoring Form below to** ddlmc.gptf@nhs.net

**Recruitment: Equality and Diversity Monitoring Form**

**Non-Clinical, Reception, Admin & Practice Management Trainers**

GPTF Ltd are committed to ensuring that employment opportunities and services are accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age. The information you give on this form will help us comply with this commitment.

We recognise that some people may regard some of this information as personal and we have, therefore, included an option in most questions for ‘prefer not to say’. You do not have to complete all of this form, but it will help us improve our services if you can complete as much as possible and return the form.

All information GPTF collects around equality and diversity will be treated confidentially in accordance with the Data Protection Act and Privacy Notice and will be stored on the GPTF database. Access to this information will be restricted to staff involved in the processing and monitoring of this data. It will be used to provide statistical information on trends only.

Please give your consent below for your information to be stored and used in this way.

**Signed: Date:**

**A. Your age**

**What is your date of birth?** Click or tap to enter a date.

 Prefer not to say [ ]

**B. Your disability**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term effect (ie has lasted or is expected to last at least 12 months) on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

Choose an item.

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

|  |
| --- |
| Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches |[ ]
| Visual impairment, such as being blind or having a serious visual impairment |[ ]
| Hearing impairment, such as being deaf or having a serious hearing impairment |[ ]
| Mental health condition, such as depression or schizophrenia |[ ]
| Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder |[ ]
| Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy |[ ]
| Other (Please specify below) |[ ]

**C. Your ethnic group**

(These are based on the Census 2001 categories, and are listed alphabetically)

**Asian, Asian British, Asian English, Asian Scottish, Asian Welsh or Asian Irish**

|  |  |  |
| --- | --- | --- |
| Indian  |[ ]  Pakistani  |[ ]  Bangladeshi  |[ ]
| Other Asian Background |[ ]   |[ ]   |  |

**Black, Black British, Black English, Black Scottish, Black, Welsh or Black Irish**

|  |  |  |
| --- | --- | --- |
| Caribbean |[ ]  African  |[ ]  Other Black Background |[ ]

**Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Chinese Irish**

|  |  |
| --- | --- |
| Chinese |[ ]  Other Chinese Background |[ ]

**Mixed**

|  |  |  |  |
| --- | --- | --- | --- |
| White & Black African |[ ]   White & Black Caribbean |[ ]  White & Asian |[ ]   Other Mixed Background  |[ ]

**White**

|  |  |  |  |
| --- | --- | --- | --- |
| White-English  |[ ]  White-Welsh  |[ ]  White-British  |[ ]  White Non-European |[ ]
| White-Scottish  |[ ]  White-Irish  |[ ]  White-European  |[ ]  Other White background |[ ]

**Other**

|  |  |
| --- | --- |
| **Other *Please state:*** |  |
| **Prefer not to say**  |[ ]

**D. Your gender**

|  |  |  |
| --- | --- | --- |
| Male |[ ]  Female |[ ]  Prefer not to say |[ ]

**Do you identify as transgender?**

For the purpose of this question ‘transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

|  |  |  |
| --- | --- | --- |
| Yes |[ ]  No |[ ]  Prefer not to say |[ ]

**E. Your religion or belief**

|  |  |  |
| --- | --- | --- |
| Buddhism  |[ ]  Judaism |[ ]  Other (please specify below)   |[ ]
| Christianity  |[ ]  Islam |[ ]  Prefer not to say  |[ ]
| Hinduism  |[ ]  No religion  |[ ]  Sikhism |[ ]

**F. Your sexual orientation**

|  |  |  |
| --- | --- | --- |
| Bi-sexual |[ ]  Heterosexual/straight |[ ]  Gay man |[ ]
| Gay woman |[ ]  Other (specify if you wish) |[ ]  Prefer not to say |[ ]