**Expression of Interest: GPTF Advisor / Focus Group member**

|  |  |
| --- | --- |
| **About you** | |
| **Full name including title:** |  |
| **Employment details and Suitability** | |
| **Please type main GP Role (current):** | GP Partner  Salaried / Retained GP  Locum GP (please confirm if a member of Derbyshire Flexible GP Bank)  Retired (please indicate when you retired) Click or tap to enter a date. |
| **Number of clinical sessions worked / week** | Choose an item. |
| **What support area are you expressing interest for?** | Regular contracted Advisor sessions (1 sessions per week to be worked flexibly)  Ad hoc Advisor (as little as 1 session per month)  Focus group lead, please select an area of interest below:  Choose an item. |
| **If Advisor what support could you offer GPTF** | Quality Improvement Lead  Fellowship Programme lead  Educational Programme lead  Other area of interest (please indicate below) |
| If Advisor: Please provide details of any experience relative to the above eg QI experience / project management / education |  |
| What do you feel you could bring to GPTF in your chosen role / why would you be a good candidate for this role? (max 1000 words) |  |

By completing and submitting this form you are confirming you meet the eligibility criteria to apply for this role ie

I confirm that:

* I am currently a GP in permanent employed work within Derbyshire, or
* I am a locum GP working regularly within Derbyshire as confirmed by working via Derbyshire Flexible GP Bank or
* I am a recently retired GP (within 12 months) who was previously working in a substantive role in Derbyshire

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

**Please send the completed Expression of Interest** [ddlmc.gptf@nhs.net](mailto:ddlmc.gptf@nhs.net).

**Closing date:**  **1 July 2022**

**Interview date: July (Virtually)**

**Equality and Diversity Monitoring Form**

GPTF is 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 will be stored on the GPTF/DDLMC 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 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 |  |