**Expression of interest to become a GP-S Mentor: Derbyshire Preceptorship Programme**

*Please allow enough time to answer all questions. The information provided will help us assess your suitability for the role and if successful, will also be used to support matching potential mentors and mentees. This form will only be viewed by the GP-S management team in your area. Incomplete forms will not be stored.*

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| 1. **About you** | |
| Full name including title: |  |
| How would you best describe your eligibility to mentor:  *Delete as appropriate* | * I am trained but feel in need of refresher training * I do not have any mentoring/coaching training * Other – please state |
| Gender: | * Male * Female * Transgender * Other – please state * Prefer not to say |
| Age group (years): | * 25-30 * 31-39 * 40-49 * 50-59 * 60+ * Prefer not to say |
| Ethnicity: | * **White**   + 1. English / Welsh / Scottish / Northern Irish / British   + 2. Irish   + 3. Gypsy or Irish Traveller   + 4. Any other White background, please describe * **Mixed / Multiple ethnic groups**   + 5. White and Black Caribbean   + 6. White and Black African   + 7. White and Asian   + 8. Any other Mixed / Multiple ethnic background, please describe * **Asian / Asian British**   + 9. Indian   + 10. Pakistani   + 11. Bangladeshi   + 12. Chinese   + 13. Any other Asian background, please describe * **Black / African / Caribbean / Black British**   + 14. African   + 15. Caribbean   + 16. Any other Black / African / Caribbean background, please describe * **Other ethnic group**   + 17. Arab   + 18. Any other ethnic group, please describe |

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| 1. **Employment details** | |
| Please select a current employment type: | * GP – Partner * GP – Salaried * GP – Locum * GP – Returner * GP – Retired (when did you retire?) * Other roles - please give details |
| How many sessions a week do you work? |  |
| What days / hours of the week would you be free to mentor? (allow 2 hours mentoring and 1 hour travel for each session) |  |
| Geographical area able to mentor within:  *Include areas/ postcodes you would prefer mentoring to take place within* |  |
| Current role(s) including organisations:  *Include any specialities if applicable.* |  |
| Please describe any past or present substantive supervisory or educational role you have held: |  |

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| 1. **Contact details** | |
| Contact addresses:  *work and home address please to aid with allocation* | 1.  Address line 1:  Address line 2:  Address line 3:  Address line 4:  Postcode:  2.  Address line 1:  Address line 2:  Address line 3:  Address line 4:  Postcode: |
| Contact email address: |  |
| Contact telephone no.: |  |
| Alternative telephone no.: |  |

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| 1. **Your background** | |
| Please write a short personal biography giving a broad indication of your career to date in a maximum of six points: | 1.  2.  3.  4.  5.  6. |
| Please detail any relevant experiences:  *e.g. career break, changing speciality, working part time, being a medical manager, working in education, academic research* |  |

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| 1. **Mentoring and coaching experience and training** | |
| Describe the details of any mentoring/coaching experience:  *Include the course name, date and duration of any mentoring/coaching training you may have undertaken.* |  |
| Detail any previous experience as a mentee: |  |

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| 1. **Your motivation and expectations** | |
| Detail why you would like to become a mentor for GP-S: |  |
| Describe how you believe the mentoring process can add value: |  |
| Personally, what do you think you will gain from mentoring: |  |
| Your availability in as much detail as possible, to provide mentoring:  *Include days/times* |  |
| How could you assist mentees: |  |
| What would you expect from a mentee: |  |
| GP Preceptorship: Why do you think you would be particularly suited helping mentor newly qualified GPs. |  |

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| 1. **References** | |
| **Mandatory** Reference one: | * Full Name: * Email Address: * Telephone Number: * Address: |
| **Optional**  Reference two: | * Full Name: * Email Address: * Telephone Number: * Address: |

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| 1. **Declaration** | |
| Are you currently the subject of any investigation or fitness to practice proceeding by any employer, any licensing or regulatory body in the United Kingdom or any other country? | * Yes * No |
| If you have answered "Yes" to this question, please provide full details and place in a sealed envelope addressed to:  GP-S Operational Lead  Nottinghamshire LMC  5 Phoenix Place  Nottingham  NG8 6BA  **If you have answered “No” to this question, please save and return the form by email to nikki.kendall@gp-s.org** | |

*Thank you for your interest. If you have any further queries, please feel free to contact the GP-S admin team at: contact@gp-s.org*