|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| First Name |  | | Surname |  |
| Preferred Name |  | | Title |  |
| Profession |  | | | |
| Date of Registration  GMC  **□** NMC **□** |  | | Where did you complete your training? |  |
| Current Job Title |  | | | |
| NHS email address |  | | Mobile Number |  |
| Adjustments required | Yes  **□** No **□** | | Dietary Requirements |  |
| **Employment Details** | | | | |
| Name of Primary Care Employer and Work Address |  | | | |
| Line Manager Name |  | | Line Manager Email Address |  |
| Line Manager Telephone |  |
| **Declaration** | | | | |
| I declare that all information provided by me in connection with this application is accurate, complete and true.  I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid.  **Please tick the box □** | | | | |
| **Applicant’s Signature** | | **Date** | | |
|  | |  | | |
| **Practice Manager’s Signature** | | **Date** | | |
|  | |  | | |

NEW TO PRACTICE PROGRAMME 2022/23

Enrolment Form

Please return the completed form to the Kent & Medway Primary Care Training Hub:

**kmpcth@nhs.net**

***Data Protection:*** *By completing the application form, you consent to the Kent & Medway Primary Care Training Hub holding and processing, both electronically and manually, the data collected about you in the course of your engagement with our New to Practice Programme/Fellowship Programme, for the purposes of the administration and management of our business and for compliance with applicable laws, procedures and regulations. All data shall be destroyed when no longer necessary to retain for purpose. Please see our website for further information.*