# Peninsula School of Primary Care Change Form (GPST)

This form is to be completed **as soon as possible** following notification or decision of any change to your personal circumstances that may affect your GPST training. **Failure to complete this form could jeopardise your pay.** Please note that relevant authorisation needs to be sought for changes requiring approval. This form is a notification form only and prior approval should be in place where necessary in line with appropriate policies.

A completed form may be used to adjust your employment record, your e portfolio record, or your training record with the School of Primary Care. The form may also be used to communicate with relevant organisations about your change such as the current or future education providers, the GPST lead employer, the relevant Area Team and the lead medical indemnity provider (if relevant). Information supplied may also be recorded on a computer in accordance with the Data Protection Act 1998 and shared with relevant parties associated with your training and employment.

Please ensure you complete and submit this form electronically.

## Your Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **GMC Number**  |  |
| **First Names** |  | **Date of submission** |  |

## Change Type (select all that apply with a “y”)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal**(name change) |  | **Contact** (phone, email, address) |  | **Supervisor** (clinical/ educational) |  | **Leave** (sick, maternity/ paternity, accrued, special) |  |
|  |  |  |  |  |  |  |  |
| **Placement** (location / dates) |  | **Working Hours** (i.e. less than full time) |  | **Completion of Training** (date change) |  | **Other** |  |

## Change Details

Please describe the type of change providing as much detail as possible so that your training record can be updated accurately. Enter as many changes as apply including dates when the changes apply.

|  |  |  |
| --- | --- | --- |
| **Details of the change (before and after)** | **Start date (dd/mm/yy)** | **Finish date (dd/mm/yy)** |
|  |    |    |    |    |    |    |
|  |    |    |    |    |    |    |
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## GP TRAINEE DECLARATION

I confirm the details supplied are correct. I confirm I have informed relevant current or future supervisors, Training Programme Directors and practice or rota managers about this change as well as any other organisations related to training that are affected by this change. I agree to the School of Primary Care sharing this form and any accompanying documentation to organisations relevant to my GPST training.

Once completed, please email this form to your programme administrator:

|  |  |
| --- | --- |
| **Plymouth:** | Pen.GPAdmin@southwest.hee.nhs.uk |
| **Cornwall:** | julie.taylor98@nhs.net |
| **Torbay:** | Rebeccarobinson3@nhs.net |
| **Exeter:** | rde-tr.GPSpecialtyTraining@nhs.net |
| **N Devon:** | sarahrendle@nhs.net |