**Community-Based Medical Education**

**Application to become an Undergraduate Sessional GP Tutor**

Personal Details

|  |  |
| --- | --- |
| Salaried GP Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone: |  |
| Email |  |
| GMC No. and Expiry date |  |
| DBS Check and date |  |
| Medical Indemnity Insurance No. and Expiry date |  |
| RCGP Membership No. and Date |  |

Employment to date

|  |  |  |
| --- | --- | --- |
| **Date** | **Post**  | **Hospital/GP Practice** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Current Practice

|  |  |
| --- | --- |
| Name of Practice |  |
| Do other GPs in your current practice(s) teach medical students | [ ] Yes | [ ] No |

Teaching

|  |  |  |  |
| --- | --- | --- | --- |
| Which modules would you be interested in teaching? | Yes | Not Sure | No |
| MBBS Yr 1: Medicine in Society | [ ]  | [ ]  | [ ]  |
| MBBS Yr 2: Extending Patient Contact | [ ]  | [ ]  | [ ]  |
| MBBS Yr 3: Integrated Clinical Studies in Primary Care | [ ]  | [ ]  | [ ]  |
| Details of any other areas of special interest or expertise that you could offer: |  |
| Have you taught medical students before? | [ ] Yes | [ ] No |
| Please give details: |  |
| Have you undergone any teacher training? | [ ] Yes | [ ] No |
| Please give details: |  |

Availability to teach

|  |  |
| --- | --- |
| How many session a week do you want to teach? |  |
| On which days of the week are you available  |
| [ ] Monday | [ ] Tuesday | [ ] Thursday | [ ] Friday |
| Do you already know a practice which could host you? |  |
| If yes, please give details |  |
| If no, which PCTs can you travel to? |  |

References

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Telephone |  | Telephone |  |
| Fax |  | Fax |  |
| Email  |  | Email  |  |

Thank you for taking the time to complete this Application Form. Please return to: Mrs Esi Amankwah

e.amankwah@qmul.ac.uk CBME, Student Office (Rm G.08) Garrod Building, 2 Turner Street, Whitechapel, London E1 2AD