

**Associate Trainer to Trainer Conversion Course**



**Victoria House, Capital Park, Fulbourn, Cambridge CB21 5XB**

**12 & 13 September, 10 & 11 October, 7 & 8 November 2018**

|  |  |
| --- | --- |
| **Name:** |   |
| **Email Address:** |   |
| **Practice:** |   |
| **Is this an approved GP Training Practice?** |  |
| **GP Training Programme:** |   |
| **Have you discussed your application with a Training Programme Director:** |  **Yes/No:** **TPD Name if yes:** |
| **Date first approved as an Associate Trainer:** |   |
| **Do you have MRCGP?** |   |
| **Special Dietary/Access Requirements** |  |

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| **Please outline in the box below why you wish to become a GP Trainer?**  |
| *(approximately 150 – 350 words)* |

I enclose a cheque for **£750.00** made payable to ‘Health Education England’

**\*\*This payment is non-refundable\*\***

Please return this application, via post, to

GP School, Health Education East of England, 2-4 Victoria House, Capital Park, Fulbourn, Cambridge CB21 5XB