

Trainer Application Form

Part 7. Visit Report Form.

To be used for new applicants and/or new practices.

(For use by Selection Committee only.)

Trainer Name and Practice

Date

Visitors

Queries arising from application forms

Comments on Suitability of the Practice for Training

Documentation

Practice Premises

Non-treatment Areas

Treatment Areas

Arrangements for Infection Control

Comments on Suitability (continued)

Waste Disposal

Equipment and Layout of Surgeries

Layout and Facilities

Please give details of practice layout with regard to allowing good communication and access between Trainer and Trainee.

Please give details of the teaching spaces available.

Please confirm and comment on the educational resources available.

Broadband access ☐ Computer for educational use ☐

Range of Books, Journals, CDs, etc

Please give details of the space and facilities to support the presence of more than one Trainee.

Patient Availability

Please give details of evidence that has been seen to verify the planned patient list for the Trainee.

Clinical Records Audit

Following the Clinical Records Audit I make the following comments.

NHS Commitment

I have seen evidence, (NHS Payment Schedules, practice records, NHS Reports etc) to confirm that the Trainer is on track to maintaining their commitment to the £25,000.00 per annum NHS practice earnings for this year. ☐

I make the following comments.

Practice Commitment

I believe that the commitment to this application involves other team members of the practice . ☐

I make the following comments.

Visitor 1

Signed

Name

Visitor 2

Signed

Name