# Trailblazer Deprivation Fellowship Scheme

## Expression of Interest Form (Back-up) – Deadline 28/02/2021

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| 1. Provider organisation name |  |
| 2. Practice code |  |
| 3. CCG |  |
| 4. Contact name |  |
| 5. Address |  |
| 6. Telephone |  |
| 7. Email for correspondence |  |
| 8. CQC rating |  |
| 8.a. Date of last CQC inspection |  |
| 9. Current educational activity within the practice | Please delete as necessary:   * GP Training * Foundation Year 2 * Other |
| 9.a. If you selected Other, please specify: |  |
| 10. Please give a brief account of your patient population |  |
| 11. Do you have a name of a fellow? |  |
| 12. Fellow's email address |  |
| 13. How long have they been employed with you (need to be first five years) |  |
| 14. Is the fellow available to attend the teaching sessions which will be run on Fridays? |  |

Further details: <https://heeoe.hee.nhs.uk/general_practice/trailblazer-deprivation-fellowships>

Please submit form to: [primarycare.eoe@hee.nhs.uk](mailto:primarycare.eoe@hee.nhs.uk)