GP Peer Reviewer

APPLICATION FORM

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|  | Your personal details | | |  |
|  | Title: |  |  | |
| Forename(s): |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Contact number(s) |  |
| Email address: |  |
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| **Professional qualifications:**   |  | | --- | | **Professional Registration - GMC Number and Revalidation Date:** | | **GP & relevant Qualifications attained**  Up-to-date evidence to be provided on completion and compliance on all mandatory courses within your GMC registration, including and not exhaustive of - IPC, IG, Safeguarding (at the required level for your current role), manual handling, DoLS.  Please also include any other relevant training and qualifications you feel appropriate for this role.   |  |  |  | | --- | --- | --- | | **Qualification** | **Date attained** | **Awarding Body** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Job history:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please provide details of your current or most recent role.   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  |   Please provide brief details of your previous roles   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Supporting Evidence** (no more than ***300 words per question*** please)**:**   |  | | --- | | Please provide an example that demonstrates your clinical professional experience.  (i.e. your experience within either: clinical and professional standards / clinical governance / service development and/or leadership within healthcare) |      |  | | --- | | Please provide an example of a time when you have delivered challenging feedback to Peers and more Senior staff: |  |  | | --- | | Please provide an example of when you have reviewed patient records and made an assessment on their quality |  |  | | --- | | Please give an example of when you have worked as part of a team to review patient care | |  | |

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| **Reference 1:**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |

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| **Reference 2:**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |

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| **How did you hear about this vacancy?** | |
| Please provide details here: |  |
| **What is your preferred language for communicating with HIW?**  (e.g. verbally or in writing) – place an x in the box.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Welsh** |  | **English** |  | **Welsh and English** |  | |  | | | | | | | |

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| **Personal Data**  Your privacy is important to the Healthcare Inspectorate Wales as part of the Welsh Government and in line with General Data Protection Regulations (GDPR) we have developed a Privacy Notice that covers why we collect and use your information.  Our Privacy Notice can be found at: <http://hiw.org.uk/terms_and_conditions/privacynotice/> |

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| Once complete, please submit via email to [HIW.inspections@gov.wales](mailto:HIWInspections@gov.wales) |