**Rotational Paramedic Application Form**

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| **PCN Name** |  |
| **Lead GP Practice** |  |
| **Most Appropriate PCN/Practice Contact** | Name:  Tel:  Email: |
| **Named Clinical Supervisor**  (GP Trainer who has watched The Roadmap Supervision Top Up Session for GP Educational Supervisors video via E-Learning for Health ([Top-up Training](https://www.e-lfh.org.uk/programmes/top-up-training-video-for-gp-educational-supervisors/)) or an FCP/ACP/GP who has attended the roadmap supervision course ([Roadmap Supervision Course](https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-roadmaps/roadmap-supervision-courses-0)) | Name:  Role:  Watched Top Up Session for GP Educational Supervisors video: Y/N  Completed roadmap supervision course: Y/N  Email: |
| **PCN Invoicing Contact** | Name:  Email: |
| **Clinical System Used** |  |
| **Number of WTE Paramedics Requested**  (If 2 requested for example, they would both start at the same time, with the subsequent 2 joining your PCN for the second 12 weeks, and so on) |  |
| **Proposed Paramedic Working Days/Hours (Mon-Fri)** |  |
| **Signed on behalf of PCN** | Print Name:  Signature: |