Expression of Interest for Hosting a General Practice Nurse Trainee

**To be completed by the Practice and sent back to Sally Armstrong**

Sally.armstrong@nhs.net

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| Name of Practice, PCN & Borough |  |
| Contact name and email address: |  |
| Does the Practice have a Nurse with a Mentorship/SSSA qualiﬁcation – the Trainee will need a Mentor/ Supervisor for the duration of the placement. A Mentorship/SSSA qualification would be preferable. |  |
| If you have no Mentor/Nurse, would you like to discuss how to solve this with a potential PCN plan? |  |
| Are you aware of the NHSE financial reimbursement - £20k grant towards your support of the GPN Trainee? |  |
| Are all relevant people at your Practice interested/in agreement to take a GPN Trainee? |  |
| How many Nurses/HCAs do you currently have at your Practice? |  |
| Are you planning to recruit any new nurses within the next 12 months? |  |
| Have you had a GPN Trainee before? If so, how many and approximately when.  |  |