Thank you for your interest in becoming a QUB GP Teaching practice or GP Tutor.

Please complete this form and email to [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name |  | | |
| GMC Number |  | | |
| GP STATUS (circle) | GP Principal | Salaried GP | Sessional GP |
| GP Email Address |  | | |
| GP Phone Number |  | | |

**PRACTICE DETAILS**

If you are a GP Principal or a salaried GP, please also complete this section

|  |  |
| --- | --- |
| Practice Name |  |
| Practice Address |  |
| Practice Manager Name |  |
| Practice Email Address |  |
| Practice Code |  |
| Practice Federation Area |  |

**PERSONAL EXPERIENCE**

Previous experience is not essential for your application and this section can be left blank. Training will be provided for all new tutors and examiners. Please include in the box below if you have any experience in Undergraduate or Postgraduate Medical Education

|  |
| --- |
| **Eg. Teaching students, examining students, supporting GPs in specialty training, research, teaching courses or qualifications** |

**FINANCE**

To manage payment for you, please tick below your category of employment when undertaking teaching

|  |  |
| --- | --- |
| GP Principal |  |
| Salaried/Employed by Practice eg GP Retainer |  |
| Sessional |  |
| Other (Please specify) |  |

Notes

1. \*SUMDE payments are made to the Practice. You must include your Practice Code for payment to be made.
2. You will be required to complete a Contract or Service Level Agreement for the services you provide. Payment may be delayed if the necessary paperwork has not been completed.
3. These details will be held by Queen’s for the purposes of paying General Practitioners to teach/examine for the School of Medicine, Dentistry and Biomedical Science.

They are subject to annual review through the SLA process in July/August.

For Office Use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUMDE GP |  | QUB GP |  |  |