**Application for Clinical Director for Primary Care Networks**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Clinical Qualifications and dates of qualification: |  |
| Practice Name: |  |

**Confirmation from your practice that you will be released to fulfil the role.**

|  |  |
| --- | --- |
| First supporting GP Partner at your practice | |
| Name: | |
| Signature: | Date: |

|  |  |
| --- | --- |
| Second supporting GP Partner at your practice | |
| Name: | |
| Signature: | Date: |

**PCN practice partner of another practice supporting your application.**

|  |  |
| --- | --- |
| Name: | |
| Signature: | Date: |

|  |
| --- |
| Submit in less than 500 words explaining how you meet requirements of role (refer to Job Role document) and what you can offer. |
|  |

All applications must be sent by 5pm on 24th May 2019 to Ashraf Ullah @ [Ashraf.Ullah@nhs.net](mailto:Ashraf.Ullah@nhs.net)

I, the applicant, have read the job application and I am, to the best of my knowledge, able to fulfil the requirements.

I, the applicant, confirm the information given in this application is true and sufficiently complete so as not to mislead.

|  |  |
| --- | --- |
| Signature: | Date: |