



## ICGP Non-EU Rural GP Programme

### Application form for GP practices

#### Terms and conditions and data privacy

In order to process your application, we are required to share the information you provide here with the ICGP Non-EU Rural GP Project Team and the HSE.

Please tick to confirm below-

- I consent to the use of my personal information as outlined in the ICGP Privacy Policy, available on [www.icgp.ie](http://www.icgp.ie)
- I confirm that the information I have supplied here is accurate and up to date
- I agree to my details being shared with parties outlined for the specific purpose of processing my application
- I, the applicant, understand that I am personally responsible for ensuring that all submitted data is accurate. Failure to do so may result in the rejection of my application.

Eligibility criteria question	Response
1. Name of GP practice	
2. Address of GP practice	Full address to include town, county and Eircode
3. Names of all GPs in the practice	First name/surname/ICGP number
4. Name of the GP applying on behalf of the practice	First name/surname
5. Email address for the GP applying on behalf of the practice	



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6. Mobile number of the GP applying on behalf of the practice	(08 )
7. Name of the GPs, in the practice, who hold the GMS contract	GP first name/surname GMS number:  GP first name/surname GMS number:  GP first name/surname GMS number:  GP first name/surname GMS number
8. Are all GPs in the practice members of the ICGP, in good standing	Yes <input type="checkbox"/> <i>(click in the box to select it)</i>  If No, please provide details
9. Are all GPs in the practice enrolled on and in compliance with the ICGP Professional Competence Scheme?	Yes <input type="checkbox"/> <i>(click in the box to select it)</i>  If No, please provide details
10. Does the practice have a history of involvement in medical education?	Yes <input type="checkbox"/> <i>(click in the box to select it)</i> If Yes, please give examples   If No, please propose any robust alternative avenues
11. Can you provide a dedicated consulting room for the candidate?	Yes <input type="checkbox"/> <i>(click in the box to select it)</i>  If No, please provide details



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<p>12. It is a requirement of the programme that the candidate is allowed to attend a 2-day induction programme and a half day each week (ie, one session), remunerated by the practice, x 40 weeks per year, for self directed learning. Is the practice prepared commit to this?</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>I confirm that the practice will allow the candidate to attend the 2-day induction programme and a half day each week for self-directed learning.</p> <p>If No, state reason (free text)</p>
<p>13. This practice agrees to participate in ongoing evaluation of this programme</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>If No, state reason</p>
<p><b>Clinical supervisor</b></p>	<p><b>Response</b></p>
<p>It is a requirement of the programme that the practice nominates a clinical supervisor for the candidate. Please answer the questions below:</p>	
<p>14. Name of the nominated clinical supervisor for the candidate</p>	<p>First name/surname</p>
<p>15. Is the clinical supervisor based in the practice where the candidate is located (six sessions per week of which four should coincide with the candidate)?</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>If No, please provide details</p>
<p>16. Has the clinical supervisor been in active clinical practice for a minimum of five years post MICGP?</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p>
<p>17. Is the clinical supervisor on the Specialist Register of the Irish Medical Council?</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p>
<p>18. Does the clinical supervisor have professional good standing?</p>	<p>Yes <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/></p> <p><i>(click in the box to select it)</i></p>



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<p>19. Clinical supervisor: Please declare any prior or ongoing performance issues with the IMC or other regulatory bodies in other jurisdictions <u>within the last 5 years</u>.</p>	<p>Please tick if there are no regulatory performance issues in past five years <input type="checkbox"/></p> <p>Please give details if there are any ongoing performance issues</p>
<p>20. Will the clinical supervisor commit to holding meetings with the candidate, discussing clinical cases and identifying gaps in knowledge and learning needs?</p>	<p>Yes <input type="checkbox"/> <i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/> <i>(click in the box to select it)</i></p>
<p>21. Will the clinical supervisor commit to providing a final competency report at the programme's conclusion to the ICGP project team?</p>	<p>Yes <input type="checkbox"/> <i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/> <i>(click in the box to select it)</i></p>
<p>22. Will the clinical supervisor commit to liaising with the ICGP project team if they have any concerns regarding the competence of the candidate at any stage during the programme's duration?</p>	<p>Yes <input type="checkbox"/> <i>(click in the box to select it)</i></p> <p>No <input type="checkbox"/> <i>(click in the box to select it)</i></p>