

**K4 FORM****Appointment of a GP Specialty Registrar to a Training General Practice**

The following form is to be completed by the Training Programme office and GP Registrar. The information is collated to ensure that any registrar appointed to a vocational training scheme receives the correct salary and is placed on the correct pay scale.

Please complete all sections of the form in BLOCK CAPITALS.

**Please note that the Shared Services will not pay salaries without this information.** It is therefore necessary to **return this document to your programme office no later than 8 weeks before commencing the GP training post with a recent payslip that shows your incremental date.** (If your incremental date is not on your current payslip or incorrect please provide an older payslip which does include it or a letter from your last employer verifying the information required) \*

Authorisation is hereby given to the NHS Shared Services(Derby) to make payments (e.g. GP Registrar's salary and expenses, GP Trainer's grant, pay-over of employees and employers superannuation contributions etc) as set out in the "National Health Service Act: National Health Service (Vocational Training FOR General Medical Practice) Regulations 1977) (SI 1997/2817 – amended by SI 1998/669, regulation 2 (3) (a) – Directions to Health Authorities concerning GP Registrars" to the named GP Trainer and GP Registrar as per the information given above.

**TO BE COMPLETED BY PROGRAMME OFFICE**

<b>FULL NAME OF REGISTRAR</b>	
<b>GP SPECIALTY TRAINING PROGRAMME</b>	<b>CHESTERFIELD</b>

The above named registrar will be employed by the approved GP Trainer, as detailed below, in accordance with the provisions of the GP Specialty Training Programme.

<b>GP TRAINER AND PLACEMENT DETAILS</b>					
<b>Full Name Of Trainer</b>					
<b>Practice Address</b>					
<b>Start Date</b>		<b>End Date</b>		<b>No Months (Whole Time)</b>	
<b>Start Date</b>		<b>End Date</b>		<b>No Months (Whole Time)</b>	

<b>NATURE OF PROPOSED GP REGISTRAR APPOINTMENT:</b>		
<b>As part of a recognised 3 year vocational training programme</b>	YES	NO
<b>As part of a self-planned rotation</b>	YES	NO
<b>A traditional 12 month GP Registrar appointment</b>	YES	NO
<b>Other e.g. shortened appointment for a period of additional training</b>	YES	NO
<b>Flexible training – equivalent of ..... % wte (minimum 50%)</b>	YES	NO
<b>Innovative Training Post</b>	YES	NO
<b>GP Refresher training – full time/flexible ..... % wte (minimum 50%)</b>	YES	NO

## TO BE COMPLETED BY THE GP REGISTRAR

CONTACT DETAILS			
Address (for correspondence)			
Home Telephone		Work Telephone	
Mobile Telephone		E-mail Address	

PERSONAL DETAILS			
Date of Birth		Country of Birth	
GMC Number		Type of Registration (i.e. full, limited)	
Name of Medical Defence		Membership No	

SALARY AND PENSION DETAILS			
Current Employer			
Address			
Current Salary		Incremental Date*	
National Insurance No		Superannuation No	
Are you a member of a NHS Pension Scheme			
Are you currently purchasing added years		If so, percentage (if known)	
<b><u>PLEASE ATTACH A COPY OF YOUR LATEST SALARY SLIP WITH THIS FORM*</u></b>			

Signed		Dated	
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Once completed this should be returned to your Programme office who will forward to the Shared Services on your behalf. You should also keep a copy for your records. You should also take a copy of this form to your training practice.