

GP Recruitment Hub *Booking Form for Practices*

Health Board:	
Practice Name:	
Practice Address:	
Postcode:	
Telephone number:	
Contact Name:	
Email address:	

Size of practice:						
Type of practice:	2C		17C		GMS	
Brief practice descriptor : (Please include permanent Clinical staff numbers – GP'S, Nurses etc.)						
Is it a priority that the GP is BASICS trained for this post?	Yes					
	No					

Priority of practice:
Single handed?

Dates of cover required: (Maximum of one month's cover per booking form please)

Working Week	Hours of GP cover required	unpaid break (in minutes)	Hours worked
Example:	0830-1730	60	8
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Number of Hours to work:			

Does the practice provide Out of Hours cover?	Yes	No
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GP IT Systems used in your practice (please tick all that apply)	Emis	
	Vision	
	Docman	
	SCI Store/Gateway	
	LabLinks	
	Other (please state)	

Health and Safety compliance

Please tick to confirm that you accept liability for:

Provision of Induction to include appropriate Health and Safety guidance, fire procedures, clinical governance, local working practices	
Provision of all other appropriate equipment to undertake the role including PPE, IT and administrative resources	
In the event of a dispute do you agree to inform the Hub who will then liaise with our Clinical Lead to resolve the dispute informally?	please tick to confirm:
Contingency plan- do you have a plan if the Hub GP becomes unwell whilst they are working at the Practice.	Please give details:

Brief description of duties required:

Types of duties required: (tick all that apply)

Pre-booked appointments		Care Home visits	
Urgent appointments		Results	
House Visits		Telephone triage	
ANP Supervision		Telephone appointments	
Signing prescriptions		General admin	
Taking Bloods		Visiting bag for home visits?	

Name (in BLOCK CAPITALS): _____

Date: _____

Please return this form to: shet.hrh@nhs.scot
Tel: 01595 743000 (3467)