

APPENDIX C

HAMPSHIRE FAMILY HEALTH SERVICES AUTHORITY

APPLICATION TO JOIN THE CHILD HEALTH SURVEILLANCE LIST

SO F.H.S.A.
04 DEC 1992
RECEIVED

SURNAME BARTON
(IN BLOCK CAPITALS)

FORENAMES JANE A

INDEX NO. (PRESCRIPTION PAD CODE) Code A

PRACTICE NAME Dr P. C. ...

PRACTICE ADDRESS Code A

Please complete Sections A1 or 2 or 3 and B and C

A

I wish to apply to join the FHSA CHS List.

1. I am an experienced general practitioner and have :
(Please complete appropriate sections and tick where)

(i) Carried out a systematic Child Health Surveillance programme for 8 years

Please add details of the CHS programme undertaken.

*Birth and 6/52 checks carried out routinely between 1980 - 88
2^o referrals from GMS & HVS subsequently.*

(ii) I have been a member of the RCGP since (date)

(iii) I hold a Diploma in Child Health from (College or University) granted in (date)

(iv) I hold the Diploma in Community Child Health granted in (date)

(v) During my vocational training in General Practice I undertook a complete course in CHS training.

Please supply copies of certificate or attendance record and description of course content.

2. I wish to apply under Section 2 of National Guidelines "Doctors Lacking Experience in CHS"

Please give details of relevant courses, posts held, with dates and copies of any certificates to enable an appropriate educational programme to be constructed.

1986 Wessex CCB course at Unhyfear Manor
5 days
+ 2 sessions CCB practical clinics -
1973 6/12 Paediatric STD Scott Hospital Plymouth
1980-86 routine CCB

3. I wish to apply under Section 3 of National Guidelines "Special Situations"

Please give details of any appropriate education/experience.

B. In addition to the above I have received further education in CHS during the last 5 years.

<u>Course</u>	<u>Inclusive Dates</u>	<u>Theoretical/ Practical</u>	<u>Organisation</u>
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C. Any other relevant information

Code A

Signed: _____ Applicant

Date: 2/12/82