

Drs.

C. P. GRAY  
A. C. KNAPMAN  
J. J. BRAND  
P. A. BEASLEY  
JANE BARTON  
E. J. PETERS

Telephone Code A*The Surgery,***Code A**

JAB/AAC

29th October, 1991.

Hampshire Family Health Service Authority,  
Child Health Department,  
Friarsgate,  
WINCHESTER, Hants.,

Dear Sir/Madam,

Please find enclosed my completed application form to join the Child Surveillance List. As you will note from my completed form, I undertook a 6 month S.H.O. job in the Scott Hospital, Plymouth which included Paediatrics as well as General Medicine and Chest Medicine. I completed a 1 week Paediatric Surveillance Course, which was residential, held at Urchfont Manor in Devizes, in June 1985 so that I miss the deadline for these courses by a year. Would you consider stretching the qualification slightly on the understanding that I might then be eligible for provisional registration on the Surveillance List.

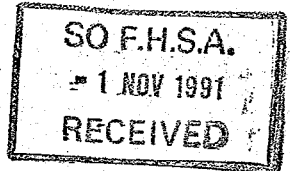
Yours faithfully,

**Code A**

J.A. BARTON.  
M.A., B.M., B.CH.,

Encl.,

HAMSHIRE Family Practitioner Committee



FP/CHL

# Application to join the child health surveillance list

## Details of GP

Surname BARTON

Initials J.A.

FPC code number B131

Date of first full registration with the GMC 1972

## Postgraduate qualifications

Title of qualification	Date awarded

*12/11/92 To Primary Care Experience*

*Send Guidelines + all forms*

*? Reapply*

Code A

**Relevant medical experience**

Please give information about all relevant experience in the last five years (NB any references should be supplied)

In hospital and/or community posts

From	To	Post	Employing authority
1972 JAN	1974 JUNE	General medicine SHO PAEDIATRICS	PLYMOUTH SCOTT HOSPITAL PLYMOUTH

Providing child health surveillance in general practice (please give full details of services provided on a separate sheet)

From	To	Practice address
1980	1986	Code A 1/52 Meeting own patient and 7/12 at HV request.

Relevant courses

From	To	Title of course	Organiser
	JUNE 1985	PAED SURVEILLANCE RESIDENTIAL	WILKINSON MARY, REVISED
			WESSEX

**Declaration**

I agree

- to carry out the surveillance according to local agreements
- to submit reports and records as and when agreed

I declare that the information on this form is correct

Doctor's signature

Code A

Date

25/10/81

Practice Stamp

Dr. J.A. Barton B.131

Code A

d) Have you had at least 6 sessions supervised practical experience?

Where	Date	Supervisor
CAN BE ACCOMMODATED AT SURVEY	A.S.A.P.	
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-----	-----	-----
-----	-----	-----
-----	-----	-----
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e) Do you have suitable accommodation for pre-school surveillance?  Y  N

f) Will you be holding sessions on a regular basis?  Y  N if agreed  
weekly/fortnightly/monthly/other (please specify)

6) For those who answered B to question 4

a) Which of the following checks have you been providing (please tick)

6 week  6-8 month  9 month  18 month/2 years  3-3.5 years   
 -----  
 on request

b) For how long have you been providing pre-school surveillance?

----- From 1980 — 1986 TAKEN OVER BY C.M.O.

c) Do you provide checks on a regular basis in suitable accommodation:

weekly  fortnightly  monthly  other (please specify)?   
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7. For both A & B:- If you are accepted onto the "Child Health List" when is the earliest you are likely to start your programme?

----- JUNE 1992 -----

APPLICATION FORM FOR INCLUSION ON THE "CHILD HEALTH LIST"

1. Name JANE A. BARTON

2. Practice Address  
Code A

3. Telephone Code A

4. Under which accreditation criteria are you seeking admission to the "Child Health List"? (see accompanying guidelines)  
A \_\_\_\_\_ B

5. If you answered A to question 4, go directly to question 6.  
If you answered B to question 4:

a) What Paediatric SHO experience have you had (with dates)?  
SHO PAEDIATRIC SCOTT HOSPITAL PLYMOUTH  
JAN - JUNE 1977

b) Did this include any pre-school surveillance work? If so how much?  
NO

c) Which course(s) have you attended over the last 5 years on pre-school surveillance?

Course	Date	Organiser
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____