



Drs.

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

Telephone 583333

*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

SO F.H.S.A.
1 NOV 1991
RECEIVED

FP/CHL

Application to join the child health surveillance list

Details of GP

Surname BARTON

Initials J.A.

FPC code number Code A

Date of first full registration with the GMC 1972

Postgraduate qualifications

Title of qualification	Date awarded

12/11/92 To Prime ref Gpseece

*Send Guidelines + all forms
? Reply*

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	148 FORTON ROAD GOSPORT REGULAR 6/52 seeing own patient and 7/12 at HV request

Relevant courses

From	To	Title of course	Organiser
	JUNE 1985	PAED SURVEILLANCE RESIDENTIAL	WILKINSON MARGY 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

Date

Practice Stamp

Code A

25/10/81

Dr. J.A. Barton B.131
 148 Forton Road
 GOSPORT PO12 3HH
 Tel: 0705-583333

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

Where	Date	Supervisor
CAN BE ACCOMMODATED AT SURGEY	A.S.A.P.	
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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)?

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 148 FORTON ROAD
GOSWOLD
PO12 3HH

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 SLOTT HOSPITAL PLYMOUTH
JAN - JUNE 1974

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
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