

APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

Please complete this form and send it with the fee to:



Dr A White
G P Tutor
Education Centre
St Mary's Hospital
PORTSMOUTH PO3 6A

Course No : _____

Approved: _____ G P Tutor _____ Date _____

Title of Course: GOSPORT GP STEERING GROUP

(Please restrict title to 20 characters)

Date(s): 22 / 10 / 97

Timing : Morning Lunchtime Afternoon Evening ..Days/Weekend
(Please tick)

TYPE OF MEETING:

(Please tick)

Open (anyone can attend)	Closed (limited attendance)	Inter- Practice <input type="checkbox"/>
Lecture <input type="checkbox"/>	Intra-practice <input type="checkbox"/>	
Workshop <input type="checkbox"/>	Age Specific <input type="checkbox"/>	
*Small Group <input checked="" type="checkbox"/>	Sex Specific <input type="checkbox"/>	
Other <input type="checkbox"/>	Other (ie Medical Societies) <input type="checkbox"/>	

Wessex Trust Independent

*A small group meeting is a regularly held group of 6 - 8 doctors

ACCREDITATION CHARGES:

Wessex Trust Meetings

You can apply to Dr White for your accreditation fee (£10 per hour) to be paid for by the Trust. However, this does mean that any GPs who attend, who are not members of the Trust will be charged £10 per hour, and as organiser you should make these GPs aware of this.

Independent Meetings

£10 per hour for mainstream meetings. £10 per event for small group meetings.
£10 per individual programme of study for a maximum of 30 hours.

Pharmaceutical Company Meetings

£30 plus £10 per hour for all meetings held outside individual practices

Is the meeting sponsored Yes/~~No~~ Name of Sponsor PORTSMOUTH H.A.

Nature of sponsorship: catering/venue costs/evaluation/chairmans fee/
(please tick or give detail plus estimated costs) REFRESHMENTS

Venue: (please tick) Name of venue: GOSPORT HEALTH CENTRE.
PGMC Other NHS Practice Non-NHS

Name of nominated Organiser:
(usually a GP experienced in medical education)

Dr J. BARTON

Contact Person: HUGH JAMES

Address: PORTSMOUTH H.A.

Tel No: **Code A**

Expected number of participants - GPs **10**

Other categories **3**

Categories and hours of Education

(Whole hours only (no fractions) and exclusive of refreshment time)

AM				PM			
Session	National Category	Hours	Content Code	Session	National Category	Hours	Content Code
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			

(The content code will be entered by the GP Tutor)

TOTAL HOURS & CATEGORIES

	Total Hours
Service Management	2
Disease Management	
Health Promotion	

AIMS OF THE COURSE:

GP involvement in Commissioning and in discussions with R.H.Hadar.

To follow.

I enclose a cheque for £ 20 made payable to St Mary's CME Account

I enclose the course programme and I note an official Evaluation Form must be completed

IT IS THE RESPONSIBILITY OF THE NOMINATED ORGANISER TO ENSURE THAT OFFICIAL REGISTERS ARE COMPLETED AND CERTIFICATES OF ATTENDANCE ISSUED AT THE END OF THE COURSE.

Signed **Code A**
(GP or other Medical Organiser)

Dated 8/7/97

For Official Use Only

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PORTSMOUTH & S.E. HAMPSHIRE HEALTH AUTHORITY

CHEQUE REQUEST FORM

Please draw a cheque:

PAYABLE TO: St. Mary's CME account.

ADDRESS: POSTGRADUATE EDUCATION CENTRE, ST MARYS HOSPITAL.

REASON FOR REQUEST: GOSPORT GP STEERING GROUP. (Please attach all supporting documentation) 22/10/97

ANY SPECIAL INSTRUCTIONS (Eg Urgency, Collection)

Value £ 20 - 00 WORDS TWENTY

cfacs Code COST CENTRE

ACCOUNT CODE

AUTHORISED SIGNATURE DATE

PLEASE PRINT NAME: PHONE:

FOR PAYMENTS TO STAFF PLEASE QUOTE PAYROLL NO.

FINANCE COUNTER SIGNATURE:

DATE: CHEQUE NUMBER:

- NOTES 1 Cheques must be sent to Payee, and not to person requesting cheque. 2 Cheque Request Form IS NOT BE BE USED TO PAY ANY INVOICE. Invoices are processed via Booking-In Goods if SIS order, or by completing Internal Advice Note (IAN) if no order has been raised. 3 Payments to members of staff may be made direct to their bank account so please quote payroll number. 4 Cheque Request Forms are to be completed in full and sent to: FINANCIAL ACCOUNTS FINANCE & CORPORATE SERVICES DIRECTORATE FINCHDEAN HOUSE