

APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

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



Course No : _____

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

Approved: _____ G P Tutor _____ Date _____

Title of Course: GOSPORT GP STEERING GROUP

(Please restrict title to 20 characters)

Date(s): 2 JULY 1997

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

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 HA

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

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 JANE BARTON

Contact Person: HUGH JAMES

Address: FINCHDEAN HOUSE, 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 purchasing.

to follow.

I enclose a cheque for £20 made payable to St Mary's ~~GP Trust~~ Fund CHE 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 6-6-97

ST MARY'S HOSPITAL, PORTSMOUTH POSTGRADUATE EDUCATION ALLOWANCE

REGISTER FOR GP PRINCIPALS

COURSE TITLE: GOSPORT GPS STEERING GROUP

COURSE NO: SMH415C) DATE: 4 JUNE 1997

SERVICE MANAGEMENT TWO HRS
DISEASE MANAGEMENT HRS
HEALTH PROMOTION HRS

SURNAME (in capitals)	INITIALS	GMC CODE	HA	TRUST Y/N	SIGNATURE
¹ KROCK J.A.	JH		Hamb	Y	Code A
² TART	ES. <i>ye.</i>		Hamb	Y	
³ PENNIE	RA		Hamb	Y	
⁴ YOUNG	DA	1703672	Hamb	Y	
⁵ BARTON	JA	1587920	Hamb	X	
⁶ REID	RM	2214748	Hamb	Y	
⁷ BASSETT	J.M.	2641755	Unst	Y	
⁸					
⁹					
¹⁰					
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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, Portsmouth.

REASON FOR REQUEST: PGEA for Group GP Steering
(Please attach all supporting Group: 2/7/97
documentation)

ANY SPECIAL INSTRUCTIONS
(Eg Urgency, Collection)

Value £ 20-00 WORDS TWENTY

COST CENTRE ACCOUNT CODE
cfacs Code **Code A**

AUTHORISED SIGNATURE DATE

PLEASE PRINT NAME: PHONE:

FOR PAYMENTS TO STAFF
PLEASE QUOTE PAYROLL NO.

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FINANCE COUNTER SIGNATURE:

DATE: CHEQUE NUMBER:

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- 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

ST MARY'S HOSPITAL, PORTSMOUTH POSTGRADUATE EDUCATION ALLOWANCE

REGISTER FOR GP PRINCIPALS

COURSE TITLE: GOSPORT GP STEERING GROUP

COURSE NO: SMH419C) DATE: 2 JULY 1997

SERVICE MANAGEMENT TWO HRS
 DISEASE MANAGEMENT HRS
 HEALTH PROMOTION HRS

SURNAME (in capitals)	INITIAL S	GMC CODE	HA	TRUST Y/N	SIGNATURE
1 BARTON	JA	158792	HAMR	(y)	Code A
2 COOMAN	BS.	138465	HAN7		
3 PENNELLS	RA.		HAN7	y	
4 YOUNG	JA	170362	HAN7	y	
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ST MARY'S HOSPITAL, PORTSMOUTH

ATTENDANCE REGISTER FOR NON-GP PRINCIPALS

COURSE TITLE: GOSPORT GP STEERING GROUP

COURSE NO: SMH419C)

DATE: 2 JULY 1997

(PLEASE PRINT YOUR NAME AND TICK ONE CATEGORY)

SURNAME (capitals)	INITIAL S	TRAINEE	ATTACHED TO PRIMARY TEAM	EMPLOYED BY PRIMARY HC TEAM	OTHER DOCTOR AND JOB TITLE
1 JAMES	H.W			H.A.	
2 CLARK	A.			H.A.	
3 HARDY	S			HASLAR	
4					
5					
6					
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9					
13					
14					
15					
16					
31					

ST MARY'S HOSPITAL PORTSMOUTH

POSTGRADUATE EDUCATION ALLOWANCE

CERTIFICATE OF ATTENDANCE

This is to Certify that

Dr

of

attended Course No SMH0419(C)

entitled : GOSPORT GP STEERING GROUP

at : GOSPORT HEALTH CENTRE

on : 2 JULY 1997

which can be accredited towards the following:

SERVICE MANAGEMENT for TWO hours

DISEASE MANAGEMENT for hours

HEALTH PROMOTION & for hours
PREVENTION OF ILLNESS

Authorised by _____
 (Adviser / GP Tutor / Course Organiser - as applicable)

This Certificate has to be given to your FHSA in order that your attendance record may be updated.

For Hampshire GPs please send your certificates to: Elaine Roddis, Payments Assistant,
 Portsmouth & South East Hampshire Health Authority, Operations Department,
 Friarsgate, Winchester, SO22 5DH