APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

Please complete this form and send it with the fee to: Dr A White COPT **GP** Tutor Course No: **Education Centre** St Mary's Hospital PORTSMOUTH PO3 6A Title of Course: 61 LOCALITY COMMISSIONING (Please restrict title to 20 characters) 15 997 JANUARY Date(s): Timing: Lunchtime Afternoon Evening Morning ..Days/Weekend (Please tick) **TYPE OF MEETING:** (Please tick) Inter- Practice [Closed Open (anyone can attend) (limited attendance) Lecture Intra-practice Workshop Age Specific *Small Group Sex Specific Other Other (ie Medical Societies) 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

Practice

Non-NHS

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

Other NHS

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

Venue: (Please tick)

PGMC |

Name of r	nominated (P experienced	Organis	er: De	J. BA	RTON.		
Contact P	Person:	UGH	JANES	5			
Address:							
Tel No:	C	ode A					
Expected			ants - GPs	6	Other categ	gories [3
			f Education s) and exclusive o	of refreshme	ent time)		
AM				PM			
Session	National Category	Hours	Content Code	Session	National Category	Hours	Content Code
1		2_		1			
3		[3			<u> </u>
4				4			
5				5			
6				6			
7				7 8			
Service M Disease I Health Pr		t It	Total Hours 2	GP in	Trust Fund		. 11
	•		nade payable to S	_			flor.
IT IS THE CIAL REG THE EN	RESPONSI	BILITY (Α	TED ORGA RTIFICATE	NISER TO E	NSURE NDANCE	THAT OFFI- ISSUED AT