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| **Technology Assisted Appraisal Request** |
| **Section A Doctor’s details and request for technology assisted appraisal** |
| Doctor’s name: |  |
| GMC number: |  |
| Telephone Nos: |  |
| Mobile: |  |
| Practice: |  |
| Home: |  |
| Email: |  |
| Appraisal month: |  |
| Date of last appraisal:  |  |
| Name of last appraiser: |  |
| Revalidation due date:  |  |
| Reason for Technology Assisted Appraisal: |  |
| Date last worked in General Practice in the NHS in England: |  |
| Number of Sessions worked in the NHS in England in since last appraisal: |  |
| Anticipated date of return to permanent NHS Practice in England: |  |
| Date of request: |  |
| **Section B Local clinical lead/Programme Manager decision** |
| Name of person considering request: | Jo Bartrum |
| Position: | Programme Manager, Appraisal and Revalidation |
| Technology Assisted appraisal agreed? | □ Yes□ No |
| Comment: |  |
| Agreed technology assisted appraisal due date: |  |
| Date of decision: | Signature: |

