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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: |

