| Practitioner’s eportfolio Application |
| --- |
| Please return to rgh-tr.pep@nhs.net  |
| Applicant Information |
| Title:      | Forename:      | Surname:      |
| Professional Registration Number (GMC or PIN):      |
| Email:      |
| Phone number:      |
| Do you have an existing NES ePortfolio account?:Yes [ ]  No [ ]   |
| Home address:       |
|  |
|  | Postcode:       |
| Employment Information |
| Current employer:      |
| Employer address:      |
| Site:      |
| City:      | **HEE Region**:      |
| Start Date:       | End Date:      |
| Role |
| Role: Advance Clinical Practitioner/ANP [ ]  Non Training Medical Grade [ ]  Physician Associate [ ] Other [ ]  Please list:       |
| Specialty:     If you are on a rotational post, please list the dates and specialties below:      |
| Supervisors (You may have more than one) |
| Supervisors Name and Email:       |
| Supervisors Professional Registration Number (GMC or PIN):        |
| Do they have an existing NES ePortfolio account?: Yes [ ]  No [ ]  |
| Supervisors Name and Email:      |
| Supervisors Professional Registration Number (GMC or PIN):        |
| Do they have an existing NES ePortfolio account?: Yes [ ]  No [ ]  |
| If you require further supervisors adding, send additional information. |
| Payment |
| £99 for 1 year subscription  |
| * Card payments via telephone [ ]

 (please state when returning your application form for details)* Cheque enclosed made payable to Rotherham General Hospital (PGME) [ ]
* Purchase Order Number from Trust

Invoice: Debbie Harrison, Medical Education Manager, The Rotherham NHS Foundation Trust, Moorgate Road, Rotherham, S60 2UD |
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| I have read and agree to the Terms and Conditions of this application and account [ ]  (Terms and conditions available here: <http://www.rftmedicaleducation.com/uploads/4/1/3/2/41322767/terms_and_conditions__for_e-cpd.pdf>) |
| Signature of applicant:      | Date:      |
| Signature of Line Manager (if applicable):      | Date:      |
| Office Use only |
| Form received | Date: |
| On ePortfolio CPD | Date: |
| Renewal date | Date: |
| Payment received | Date: |