| Practitioner’s eportfolio Application | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Please return to [rgh-tr.pep@nhs.net](mailto: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 | | | | | | |
|  | | | | | | |
| 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: |