

### GP Trainee Salary Reimbursement Form (2): Change of circumstance Y&H

Please complete this form as soon as there is a change of GP (Specialty) Trainee details or circumstances so that the Deanery can adjust their records and continue to release payments through PCSE

Complete Section 1 for all GP (Specialty) Trainees (Page 1)

Complete Sections 2 and 3 for a **change of trainer** (Page 1)

Complete section 4 for **changes where pay is affected** (Page 2): send directly to PCSE and HEE

Complete section 5 (Page 3) for **changes that need to be approved by HEE** (and send to HEE only)

Please retain a copy for your own records.

1 General Practice (Specialty) Trainee details (Must be completed)				
Surname		First Names		
Maiden Name (if applicable)		Gender: Male/Female	Date of Birth	
Address		Correspondence address during training if different		
Postcode		Postcode		
Home telephone number:		Mobile number:	E-mail:	
National Insurance Number		GMC number	National Training Number	
2 CURRENT GP TRAINER (if applicable)				
Surname		First Names		
Name and full address of training practice				
Postcode		Practice Code Number		
Practice Telephone		Practice Manager		
Trainer's e-mail		Practice Manager's e-mail		
Start date		End Date		
3 CHANGE OF GP TRAINER (if applicable)				
Surname		First Names		
Name and full address of training practice				
Postcode		Practice Code Number		
Practice Telephone		Practice Manager		
Trainer's e-mail		Practice Manager's e-mail		
Start Date		End Date		
Trainer's signature			Date of signature	

4 PLEASE DESCRIBE THE CHANGE IN CIRCUMSTANCES (if applicable)			
TICK		Start date (dd/mm/yy)	Finish date (dd/mm/yy)
	Maternity Leave		
	<ul style="list-style-type: none"> <li>Please specify which is applicable (tick)</li> </ul>	SMA <input type="checkbox"/>	SMP <input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If SMP please specify percentage claimed</li> </ul>	92% <input type="checkbox"/>	100% <input type="checkbox"/>
	Annual leave accrued during maternity leave		
	Adoption leave		
	Paternity Leave		
	Shared parental leave		
	Sick Leave (please see additional information below)		
	Termination of contract		
	Other (please give details) Please see additional info below		
<b>Additional information:</b> (eg reasons for change; total days sick leave taken during current training year etc) Please also include total length of NHS service if submitting form regarding sick pay.			
<b>General Practice (Specialty) Trainee or Practice Manager Signature</b>			
<b>Print Name</b>			
<b>Date of signature</b>			
I understand that a copy of this form and accompanying documentation will be forwarded to the PCSE department responsible for the area in which my training practice is located. Information supplied on this form will be recorded on computer in accordance with the Data Protection Act 1998.			

If the changes are limited to section 4 the completed form is sent directly to:

PCSE at [Pcse.paymentshee@nhs.net](mailto:Pcse.paymentshee@nhs.net)

With a copy to HEE Yorkshire and the Humber at [gpwest.yh@hee.nhs.uk](mailto:gpwest.yh@hee.nhs.uk)

5. PLEASE DESCRIBE CHANGE IN CIRCUMSTANCES (if applicable)			
TICK		Start date (dd/mm/yy)	Finish date (dd/mm/yy)
	ARCP extension		
	Planned extension (in existing practice)		
	Other leave (please specify)		
<b>Change of hours</b>			
	Current percentage	%	
	Revised percentage	%	
<b>New date for completion of training. (Must be completed where known, if not please discuss with the Deanery)</b>			
<b>Additional information (eg reasons for change; total days sick leave taken during current training year etc) Please also include total length of NHS service if submitting form regarding sick pay.</b>			
<b>General Practice (Specialty) Trainee Signature</b>			
I understand that a copy of this form and accompanying documentation will be forwarded to the PCSE department responsible for the area in which my training practice is located. Information supplied on this form will be recorded on a computer in accordance with the Data Protection Act 1998.			
Signature of GP StR			Date of Signature
Print Name			
<b>To be completed by the Training Programme Director</b>			
I confirm that the PCSE may continue with payments in respect of this period of training in accordance with the agreement for the provision of postgraduate general practice education issued by the Yorkshire and the Humber Deanery			
I confirm that there is an approved educational contract between Health Education England, working across Yorkshire and the Humber and the GP Trainer named above in Section 2 or Section 3 as applicable.			
Signature – Training Programme Director			Date of signature
<b>Name</b>			
<b>Additional Trainer's Grant</b>			
I confirm that this is a remedial training placement requiring significant additional trainer support and authorise a double trainer's grant.			
Signature – Director of GP School			Date of signature

If the changes are limited to section 5 the completed form is sent directly to:

HEE Yorkshire and the Humber at [gpwest.yh@hee.nhs.uk](mailto:gpwest.yh@hee.nhs.uk)

HEE will send the signed form to [Pcse.paymentshee@nhs.net](mailto:Pcse.paymentshee@nhs.net)