**DEPARTMENT OF PRIMARY CARE & POPULATION HEALTH**

**Core GP Teaching – September 2024**

**Practice based teaching takes place on 18 days of each six-week attachment**

We hope that each practice will ideally be able to undertake at least three attachments per year.

Please tick below all the dates you can commit to teaching and number of students you can accommodate per attachment.

**Alternatively, you can respond online via:**

<https://qualtrics.ucl.ac.uk/jfe/form/SV_9vN2TqKZmbnapls>

***Block 1 – September 2024 to December 2024***

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| **Attachment 1** |  | **Attachment 2** |  |
| **9th September – 18th October 2024**  We can commit to this attachment   We can take \_\_ student(s) for this  attachment |  | **21st October – 29th November 2024**  We can commit to this attachment   We can take \_\_ student(s) for this  attachment |  |

***Block 2 - December 2024 to March 2025***

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| **Attachment 3** |  | **Attachment 4** |  |
| **9th December – 31st January 2025**  We can commit to this attachment   We can take \_\_student(s) for this  attachment  *Holidays: Mon 23rd December – 6th January 2025* |  | **3rd February – 14th March 2025**  We can commit to this attachment   We can take \_\_ student(s) for this  attachment |  |

***Block 3 - March 2025 to June 2025***

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| **Attachment 5** |  | **Attachment 6** |  |
| **24th March – 9th May 2025**  We can commit to this attachment   We can take \_\_ student(s) for this  attachment  *Holidays: Thursday 17th April – Thursday 24th April 2025*  *Bank Holiday: Monday 5th May 2025* |  | **12th May – 20th June 2025**  We can commit to this attachment   We can take \_\_ student(s) for this  attachment  *Bank Holiday: Monday 26th May 2025* |  |

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| --- | --- |
| **Name and address of practice:** |  |
| **Address line 1:** |  |
| **Address line 2:** |  |
| **Practice town:** |  |
| **Postcode:** |  |
| **Lead GP Tutor's name:** |  |
| **GP Tutor Email address:** |  |
| **Preferred practice contact(s) for teaching purposes (e.g., other lead tutor and/ or practice manager):** |  |
| **Email address of the preferred practice contact(s):** |  |
| **Finance administrator/manager name and email if different from PM:** |  |
| **Practice telephone:** |  |
| **Practice telephone (bypass):** |  |

**Please return this form ASAP by email (pcphmeded@ucl.ac.uk)**