**PRO-FORMA: APPROVAL FOR COVER ARRANGEMENTS TO FACILITATE PRACTICE TEAM ATTENDING FULL PRACTICE LEARNING EVENTS**

This pro-forma should be completed by a Practice seeking approval for its cover arrangements to facilitate the whole practice team attending a Full Practice Learning Event. The proposal will be considered in accordance with the NEL Protected Learning Time Policy.

1. **PRACTICE DETAILS**

|  |  |
| --- | --- |
| **Place** |  |
| **Practice Name** |  |
| **Practice Code** |  |
| **PCN** |  |
| **Name of Practice Lead/Contact** |  |
| **Date of Application** |  |

1. **PROPOSAL**

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| 1. Please provide information concerning the nature of the event |
| 1. Date(s) of event(s), time and duration |
| 1. Who will be providing cover arrangements for the practice? |
| Please confirm the following:   1. Patients be will able to book/cancel an appointment; request a prescription?      1. Clinical cover will be provided as appropriate to meet the needs of the patient, and if required, signposting to an appropriate service.      1. There is provision for the sub-contractor to have access to the full patient record on the clinical system. |

1. **COMMUNICATION WITH STAKEHOLDERS**

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| Describe how you will inform patients and other stakeholders of these arrangements |
|  |

**Date:**

**Completed by:**

**Please Note:** The completed pro-forma should be returned to the central primary care team a minimum of six weeks prior to the event email to [nelondonicb.nel-primarycare@nhs.net](mailto:nelondonicb.nel-primarycare@nhs.net).

The practice will be notified of the outcome within 10 working days from receipt of the application.