**Coaching Application Form**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Tel No:** |  |
| **Email:** |  |
| **Organisation or home address:** |  |
| **GMC Number:** |  |
| **FMLM member no. (if applicable):** |  |
| **RCGP member no. (if applicable):** |  |
| **How long have you been practising as a GP?**  |
| **Which of the following might you use your coaching sessions for?**Transitioning to a leadership role □Seeking to develop your leadership and managerial skills □Planning your return after a period of time out. □Wanting to work on a specific issue to enhance your performance… □Considering leaving the profession □Other □**If are considering leaving can you please explain why?****Please rate how likely it is you will leave the profession? (1 = highly unlikely, 10 = highly likely)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

 |
| **What are you seeking from coaching? Please tick below and complete 500 words on Appendix 1.*** Improve work/life balance ☐
* Feel more in control at work ☐
* Increase ability to identify solutions to work related issues ☐
* Improve time management skills ☐
* Build greater confidence in managing conflict and having difficult

conversations in the workplace ☐* Build greater self-awareness of the symptoms of stress and burnout ☐

***When completing 500 words on Appendix 1 Overleaf, please ensure you give a compelling narrative as to why you feel you might benefit from the coaching, as this narrative will be used to prioritise who is selected, if we have more applicants than places.*** |
| **Have you had coaching before? If yes, when and for how long?** |
| **Please indicate with an X when you are most likely to be regularly available for coaching:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| am |  | pm |  | early eve |  |
| am |  | pm |  | early eve |  |
| am |  | pm |  | early eve |  |
| am |  | pm |  | early eve |  |
| am |  | pm |  | early eve |  |

 *(X as many as apply)*Mondays TuesdaysWednesdaysThursdaysFridays |
| **Do you agree to allow FMLM to share anonymised information to allow evaluation of the programme?****Yes ☐****No ☐****Declaration** |
| 1. ***The information provided in this application is accurate.***
2. ***If successful, I will be able to participate in three monthly coaching sessions***
 |
| **PRINT name:** (Please type in capitals) |  |
| **Signature:** (a typed signature is fine) |       |
| **Date:** |  |

**Please send completed application form, by Friday 24 January 20, to** **coaching@fmlm.ac.uk**

**Appendix 1**

**What are you seeking from coaching? (500 words)**

***(When completing 500 words on this Appendix, please ensure you give a compelling narrative as to why you feel you might benefit from the coaching, as this narrative will be used to prioritise who is selected, if we have more applicants than places)***