**Gold Standards Framework Primary Care Registration Form**

**Please read and complete this form DIGITALLY and return to:** **primarycare@gsfcentre.co.uk**

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| **Name and contact details for the Practice**  | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Address** |  |
| **Name of identified clinical lead commissioning the training programme:**  | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Name of person who will lead the GSF programme within the practice:** | **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Name of your ICS** |  |
| **Practice population** |  |
| **When do you plan to start the Programme?** |  |

**Invoicing details (if different from Organisational details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation** |  | **Contact Name** |  |
| **Address** |  | **Telephone Number** |  |
| **Postcode** |  | **Email Address** |  |

Payment must be received prior to the training packages being despatched.

**Please tick appropriate box**

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| **GOING FOR GOLD** – training programme **including** Accreditation **Price £1,090.00 + VAT per practice**  |[ ]
| **GOING FOR GOLD –** training programme **excluding** Accreditation **Price £595 + VAT per practice** |[ ]
| **Accreditation / Reaccreditation £595 + VAT per practice** | [ ]  |
| **CQC Rating** | Choose an item. |

**Gold programme - Organisations must register for Accreditation within 2 years of the final webinar/workshop**