

## Guidance for 2020/21 ACP Commissioning Demand Template

Please use the attached ACP commissioning demand template to return your ACP expressions of interest within your organisation. Each organisation is to return one completed template outlining their organisational demand for ACP.

Please do not alter the format of this spreadsheet & ensure all instructions are followed, either listed here or on the 'how to' tab of the template.

To submit an individual's return, please complete the 'form' tab and then click submit. Please **do not** enter details straight into the 'data' tab. This is simply available to view your overall return. **All information must therefore be submitted through the form.** If you would like to edit anything within the data tab, please use the form to find the trainee via their trainee number (generated by you, with 1 being of highest priority).

All orange fields must be completed. Incorrectly completed templates will be returned and trusts /training hubs will be asked to correct and resubmit.

Introduction tab	
Cell No.	Guidance
D31	Please insert the name of your organisation/training hub
D33	Please insert ACP Lead Name (or individual responsible for ACP within your organisation)
D35	Please insert ACP Lead (or individual responsible for ACP within your organisation) email address
D37	Please insert ACP Admin Name
D33	Please insert ACP Admin email address

Form tab	
Cell No.	Guidance
D5	Enter Trainee No. – please ensure this is in order of priority e.g. if your demand is 25 individuals, you should rank these in order of priority, with 1 being top priority and 25 being of least priority
D7	Enter specialty by selecting from the drop-down list.
D9	If you have selected other and the specialty is not listed, please enter it here.
D11	Please provide an overview of the ACP role required and explain the workforce planning that will enable the role to have an impact on service delivery
D13	Please choose an ACP pathway from drop down list
D15	Please enter the name of the education provider / programme name, select this from the drop-down list
D17	Other – If the education provider / programme name is not listed above please enter this here
D19	If the trainee will be undertaking selected modules, please list them here
D21	Please enter the name of the trainee supervisor and their job title
D23	Please enter course start date in the format MM/YY
D25	Please enter course end date in the format MM/YY
J5	Please enter the name of practice or department in the trust
J7	Has the trainee been recruited to a training post? Please select Y/N from drop down
J9	Is there an ACP post for the trainee on completion of training? Please select Y/N from drop down

J11	Have you seen evidence of the trainee's functional skills level 2 for English? e.g. certificate Please select Y/N from drop down
J13	Have you seen evidence of the trainee's functional skills level 2 for Maths? e.g. certificate Please select Y/N from drop down
J15	Please enter the trainee's first name
J17	Please enter the trainee's last name
J19	Please select the trainee's profession from the dropdown list
J21	If you selected 'other' please enter the trainee's profession here
J23	Please enter any additional information. If you wish to delete an entry, please indicate this here

Once all mandatory fields are complete, click 'submit.' Please do this for each individual.

If you would like to edit any of the submissions, click the 'find' and type in the trainee number of the trainee that you would like to edit the data of. The form will then prepopulate the boxes with the information that you previously submitted in order for it to be edited.

If you have any queries regarding the template, please do not hesitate to contact [ACPenquirieslondon@hee.nhs.uk](mailto:ACPenquirieslondon@hee.nhs.uk).