



2008/9

The College of Chiropractors  
Chiltern Chambers  
St Peters Avenue  
Reading RG4 7DH

Tel: +44 (0)1189 469727  
Email: [admin@colchiro.org.uk](mailto:admin@colchiro.org.uk)

Dear Prospective PRT Trainer,

### **PRT Trainer application**

Thank you for your interest in becoming a PRT Trainer. Without trainers, the profession could not operate a scheme to support graduates through their transition from new graduate to fully autonomous and proficient practitioner. The College of Chiropractors administers the PRT scheme to meet the needs of all chiropractic graduates. The principal of PRT, although not yet mandatory, is endorsed by the General Chiropractic Council.

Please refer to the accompanying documents: 'PRT Trainer Requirements' and 'PRT Trainer Manual' (available on the College website under **PRT > Become a PRT Trainer**) before completing the attached application form.

Please answer all the questions on the form. Note that a 'Yes' answer is not necessarily expected for every question but, collectively, your answers will allow the PRT Committee to determine the level of commitment you are able to offer to train a new graduate.

We look forward to receiving your completed form.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rob Finch', enclosed in a thin black rectangular border.

Rob Finch  
**Chief Executive**

[www.colchiro.org.uk](http://www.colchiro.org.uk)

President: Timothy C Jay DC FCC Chief Executive: Robert P Finch BSc PhD PGDip ILTM  
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Registered Office: Chiltern Chambers, St. Peters Avenue, Reading RG4 7DH.  
Registered Charity No. 1073016

# PRT Trainer Application Form 2008/9

## Section 1

Your name:	_____
Your membership number or first line of practice address:	_____
Your email address:	_____
Name of graduate you propose to train:	_____
The graduate's practice address if not your own*:	_____
	_____

\*Note that in the current scheme, a Trainer does not necessarily have to work in the same practice as the graduate, or be employed by them.

## Section 2

1) Please confirm how many years have you been practising as a chiropractor?	
2) How many years have you been working at your current practice?	
3) In addition to this, do you work from any other clinics?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4) Do you conduct regular practice audits?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5) When practising, will the graduate always be able to contact an experienced chiropractor?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6) How many hours a week of one-to-one contact time are you able provide?	
7) How many hours a month would you be able to observe the graduate treating patients?	
8) How many hours a month would the graduate be able to observe you treating patients?	
9) Will you be signing a contract with the graduate guaranteeing a minimum weekly wage?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
10) Are you willing to attend a PRT Trainers training course initially and then every 3 years thereafter?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
11) Will you be employing the graduate and operating the PAYE scheme?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

\* If you answer to question 11 was YES, please complete the questions in Section 3, page 3. Otherwise, please sign the form at the bottom of page 3 and return pages 2 and 3 to The College.

### Section 3

12) Have you arranged for a colleague to take on your responsibilities as Trainer, should you be absent for more than two consecutive weeks?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
13) Does your practice have ancillary staff adequate to cover reception and secretarial functions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
14) Will your practice provide a chiropractic treatment bench for the graduate?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
15) Are all of the staff employed in your practice who have access to any records familiar with medical confidentiality, the Access to Medical Records Act and, where appropriate, the Data Protection Act?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
16) Does your practice have available to the graduate a library of chiropractic and medical texts that are sufficient to cover all the major topics relevant to a practising chiropractor?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
17) Will you allow the graduate time for completion of the compulsory elements of the PRT scheme, including attendance at meetings?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
18) Will the graduate be expected to take part in the out-of-hours rota?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
19) Will you give the graduate an understanding of the accounting procedures and administration documentation of all of the practice?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
20) Does your practice regularly carry out clinical and administrative audits?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
21) Does the practice have its own x-ray facilities or ready access to radiography services?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
22) Will the graduate be taking on an existing patient list?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
23) How many patients will the graduate see per hour?	
24) How many <u>patients per week</u> do you expect the graduate to be seeing in the first month of their PRT year?	
25) How many <u>patients per week</u> do you expect the graduate to be seeing in the last month of their PRT year?	
26) How many hours a week will the graduate be timetabled to see patients?	

I hereby apply to become a College of Chiropractors PRT Trainer. I confirm that my answers to the above questions are true and complete.

Signature: .....
Date: .....

Please return your completed form to:

**PRT Administrator  
The College of Chiropractors  
Chiltern Chambers  
St Peters Avenue  
Reading RG4 7DH**

**Fax: 01189 469730**