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| --- | --- |
| Notification of new entrant to GP Returner Programme | |
| GP Returner  Name  Email  Phone number  Address |  |
| GMC number |  |
| Region |  |
| Deanery lead contact name  Email  Phone number |  |
| Interview with regional GP AA  (attach completed form with recommendation about programme length) |  |
| Full/Part Time %  No. of sessions |  |
| Other relevant details |  |
| Practice attachment details |  |
| Proposed start date |  |
| Approval by National Lead |  |
| Date of notification to NES HR |  |
| Actual start date |  |
| Actual leaving date |  |
| Cancellation reason |  |
| Cancellation date |  |

This form should be sent to: Anthea Lints, NHS Education Scotland, GP Unit, Westport 102, Edinburgh EH3 9DN