**Please complete this form electronically and email to the mailbox for your Region:**

West: [nes.westdrs@nhs.scot](mailto:nes.westdrs@nhs.scot)

South East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)

East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)  
North: [northdrs@nes.scot.nhs.uk](mailto:northdrs@nes.scot.nhs.uk)

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| **PART A – To be completed by the applicant.** | |
| Full Name: Click or tap here to enter text. | GMC No: Click or tap here to enter text. |
| Date commenced GP Retainer Scheme: Click or tap to enter a date. | |
| Home Address: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | |
| Current Practice Address: Click or tap here to enter text. | |
| Leaving date: Click or tap to enter a date. | No of sessions: Click or tap here to enter text. |
| New Practice Address: Click or tap here to enter text. | |
| Commencement date: Click or tap to enter a date. | No of sessions: Click or tap here to enter text. |
| Retainer Signature: Click or tap here to enter text. DATE: Click or tap to enter a date. | |
| **PART B – To be completed by DPGPE Office.** | |
| **I have noted the above and will inform Local Health Authority accordingly.**  Associate Adviser Signature: DATE: | |