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

West: nes.westdrs@nhs.scot

South East: southeastdrs@nes.scot.nhs.uk

East: southeastdrs@nes.scot.nhs.uk
North: 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: |