**Please complete this form electronically and email to one of the following:**

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** |
| **Name of Retainer:** Click or tap here to enter text. |
| **Home Address:** Click or tap here to enter text. |
| **Practice Address:** Click or tap here to enter text. |
| I wish to increase / decrease the number of sessions on the GP Retainer Scheme fromClick or tap here to enter text. to Click or tap here to enter text. per week effective from Click or tap to enter a date. |
| Reason for the increase / decrease:Click or tap here to enter text. |
| **RETAINER SIGNATURE:** . . . . . . . . . . . . . . . . . . . . . . . . . . **MENTOR SIGNATURE:** . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **DATE:** . . . . . . . . . . . . . . . . . . . . **DATE**: . . . . . . . . . . . . . . . . . . . .  |
| **PART B – To be completed by DPGPE Office** |
| I hereby agree to the changes as listed above and will inform the Local Primary Care Unit accordingly.Signature:………………………………………………………….. Date: ………………………………. **Associate Adviser, GP Retainer Scheme** |