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| --- | --- |
| Notification of new entrant to GP Returner or EI Programme | |
| GP Returner  Name  Email  Phone number  Address |  |
| GMC number |  |
| Region |  |
| Deanery lead contact name  Email  Phone number |  |
| Interview with regional GP AA &  recommendation about programme length |  |
| Full/Part Time % |  |
| No. of sessions |  |
| OOH – yes/no |  |
| Is OOH service willing and able to accommodate – yes/no |  |
| Other relevant details |  |
| Practice attachment details |  |
| Proposed start date |  |
| Approval by National Lead |  |
| Date of notification to NES HR |  |
| Actual start date |  |
| Calculated leaving date |  |
| Cancellation reason |  |
| Cancellation date |  |
| HR notification:  [Christine.clark@nes.scot.nhs.uk](mailto:Christine.clark@nes.scot.nhs.uk)  Angela.scott@nes.scot.nhs.uk |  |
| Finance Notification:  Suzanne.Coulthard@nes.scot.nhs.uk |  |
| Trainers Grant notification:  Training.Grants@nes.scot.nhs.uk |  |