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| NAME OF RETAINEE: Click or tap here to enter text. | DOB:Click or tap to enter a date. |
| ADDRESS:Click or tap here to enter text.  | EMAIL ADDRESS: Click or tap here to enter text. |
| PART A – TO BE COMPLETED IF RETAINER WISHES TO CONTINUE ON SCHEMEI wish to apply for renewal of my membership of the GP Retainer Scheme from Click or tap to enter a date.I certify that in the past year of my membership I have:-1. Been registered with the General Medical Council Choose an item. **(please give GMC Number.)** Click or tap here to enter text.
2. Been a member of a medical defence organisation Choose an item.
3. Worked a total of Click or tap here to enter text.Service sessions

 (address of where sessions are worked) Click or tap here to enter text.1. Attended educational sessions as detailed in my personal professional development plan. Choose an item.

Retainee’s Signature …………………………………………… Date …………………………  |
| PART B – TO BE COMPLETED BY ASSOCIATE ADVISERI recommend Dr Click or tap here to enter text. membership of the Doctors Retainer Scheme should be renewed from Click or tap to enter a date. and I authorise the payment to her/him of £310 as the retainer for the next 12 months.Signature …………………………………… OR Signature ………………………………………….Retainer Scheme Associate Adviser Director of Postgraduate General Practice  EducationDate ………………………… |
| **Please return to one of the following:****West –** **nes.westdrs@nhs.scot****South East –** **southeastdrs@nes.scot.nhs.uk**East – southeastdrs@nes.scot.nhs.ukNorth – northdrs@nes.scot.nhs.uk |