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| **PART A – TO BE COMPLETED BY RETAINER** |
| **Name of Retainer:** Click or tap here to enter text. |
| **Home Address:**Click or tap here to enter text. | **Email Address:**Click or tap here to enter text. |
| **Practice worked at:** Click or tap here to enter text.**Date leaving Scheme:** Click or tap to enter a date. |
| 1. Reason for leaving Scheme:
2. GP partner (full-time) [ ]  (part-time) [ ]

 **Location:**b) Salaried GP assistant. (full-time) [ ]  (part-time) [ ]   **Location:**c) GP locums. [ ] d) Career break. [ ] e) Moved away. [ ] f) Non medical job [ ] g) Five years on scheme, no job [ ] h) Retainer scheme elsewhere. [ ] 1. Other please specify:

 ………………………………………………………………………….. …………………………………………………………………………..  2. Was being a Retainee worthwhile? Choose an item.3. Do you feel you have developed since starting the scheme?More confident. Choose an item. More skills. Choose an item.More knowledge. Choose an item. Comments Click or tap here to enter text. 4. Would you recommend this scheme to others? Choose an item. Comments Click or tap here to enter text. Retainee Signature: …………………………………………… Date: Click or tap to enter a date.. |
| **PART B – TO BE COMPLETED BY DPGPE OFFICE** |
| I recommend Dr ……………………………………………….’s membership of the Doctors’ Retainer Scheme should cease from Click or tap to enter a date.Signature:………………………………………………………….. Date: ………………………………. **Adviser – Doctors’ Retainer Scheme** |

Please return electronically to one of the following:

**West –** **nes.westdrs@nhs.scot** **- Catrina Gordon, Joyce Quin and Adviser Jane Deighan**

**South East –** **southeastdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Alice Travers**

**East –** **southeastdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Alice Travers
North -** **nothdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Moshood Masha**