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| Please return this form electronically to:  **West –** [**nes.westdrs@nhs.scot**](mailto:nes.westdrs@nhs.scot) **- Catrina Gordon, Joyce Quin and Adviser Jane Deighan**  **South East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Alice Travers**  **East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Alice Travers North -** [**nothdrs@nes.scot.nhs.uk**](mailto:nothdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Moshood Masha** |
| **PART A – To be completed by the applicant.** |
| Full Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |
| Practice: Click or tap here to enter text. |
| Date commencing maternity leave: Click or tap to enter a date. |
| Total accrued annual leave taken before returning to practice: Click or tap here to enter text. |
| Date of intended return to practice: Click or tap to enter a date.  (If this date later differs please can you inform this department) |
| PERIODS OF MATERNITY LEAVE WILL COUNT TOWARDS 5 YEARS ON THE SCHEME IF THE RETAINER SCHEME DOCTOR CONTINUES TO BE EMPLOYED BY THE PRACTICE DURING SUCH PERIODS. |
| RETAINER SIGNATURE: ………………………………………… DATE: Click or tap to enter a date.  MENTOR SIGNATURE: ………………………………………… DATE: Click or tap to enter a date. |
| **PART B – To be completed by the NES Associate Adviser.** |
| **I have noted the above and will inform Local Primary Care Dept accordingly.**  ……………………………………………………………………….DATE: ………………….  **ASSOCIATE ADVISER, DOCTORS’ RETAINER SCHEME** |