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| **PART A – To be completed by the applicant.** |
| NAME IN FULL: Click or tap here to enter text. |
| ADDRESS: Click or tap here to enter text. |
| PRACTICE: Click or tap here to enter text. |
| I WISH TO INCREASE/DECREASE THE NUMBER OF SESSIONS ON THE DOCTORS’ RETAINER SCHEME FROM Click 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 IN NUMBER OF SESSIONS: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.****………………………………………………………………………………………..****Date** Click or tap to enter a date.**ASSOCIATE ADVISER** |
| Return form electronically to Associate Adviser for the Region.**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 TraversNorth -** **nothdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Moshood Masha** |