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| Please return this form electronically to the nominated Associate Adviser for your 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 -** **northdrs@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. | GMC No: Click or tap here to enter text. |
| Date commenced GP Retainer Scheme: Click or tap to enter a date. |
| Address: Click or tap here to enter text.Email Address: Click or tap here to enter text. |
| Current Practice: Click or tap here to enter text. |
| Leaving date: Click or tap to enter a date. | No of sessions: Click or tap here to enter text. |
| New Practice: Click or tap here to enter text. |
| Commencement date: Click or tap to enter a date. | No of sessions: Click or tap here to enter text. |
| Retainer Signature: Click or tap here to enter text. DATE: Click or tap to enter a date. |
| **PART B – To be completed by DPGPE Office.** |
| **I have noted the above and will inform Local Health Authority accordingly.**Associate Adviser Signature: DATE: |