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| Please return this form electronically to the nominated Associate Adviser for your Region  **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 -** [**northdrs@nes.scot.nhs.uk**](mailto: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: | |