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| **NAME OF RETAINER:** Click or tap here to enter text. | **DOB**: Click or tap to enter a date. |
| **ADDRESS:** Click or tap here to enter text. | **EMAIL ADDRESS:** Click or tap here to enter text. |
| PART A – TO BE COMPLETED IF RETAINER WISHES TO CONTINUE ON SCHEME I wish to apply for renewal of my membership of the GP Retainer Scheme from Click or tap to enter a date.  I certify that in the past year of my membership I have:-   1. Been registered with the General Medical Council Choose an item. **(please give GMC Number.)** Click or tap here to enter text. 2. Been a member of a medical defence organisation Choose an item. 3. Worked a total of Click or tap here to enter text. service sessions per week.   (Address of where sessions are worked:) Click or tap here to enter text.   1. Attended educational sessions as detailed in my personal professional development plan. Choose an item.  Retainer’s Signature ………………………… Date ………………………… | |
| PART B – TO BE COMPLETED BY ASSOCIATE ADVISER I recommend Dr Click or tap here to enter text. membership of the Doctors Retainer Scheme should be renewed from Click or tap to enter a date. and I authorise the payment to them of £310 as the retainer for the next 12 months. Signature …………………………………… OR Signature ………………………………………….Associate Adviser, GP Retainer Scheme Director of Postgraduate General Practice Education **Date …………………………** | |
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