**Please complete this form electronically and email to one of the following:**

West: nes.westdrs@nhs.scot

South East: southeastdrs@nes.scot.nhs.uk

East: southeastdrs@nes.scot.nhs.uk
North: northdrs@nes.scot.nhs.uk

|  |
| --- |
| **PART A – To be completed by the applicant.** |
| Full Name: Click or tap here to enter text. |
| Home Address: Click or tap here to enter text.Email Address: Click or tap here to enter text. |
| Practice Address: 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 ensure 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: ………………….**GP Retainer Scheme, Associate Adviser** |