

RCGP MEMBERSHIP FOR THOSE ON INDUCTION AND RETURNER SCHEME

Induction and Refresher schemes and programmes are designed to support GPs who are either being introduced to or are returning to UK practice.

You can find out more about how to join the I&R scheme in England and Wales from the GP National Recruitment Office. If you're interested in the NHS Scotland programme, you can find out more from NHS Education for Scotland. In Northern Ireland, the returners scheme for those who haven't worked in general practice for two or more years is run by NIMDTA, and is currently under review.

RCGP is dedicated to supporting those choosing to join or come back to the UK workforce. To demonstrate this, the College has put in place a new initiative to allow those on relevant schemes and programmes access to the many benefits and support provided to RCGP members by offering one year's free College membership with immediate effect.

This will mean that anyone who is signed up to the relevant schemes or programmes in England, Scotland, Wales or Northern Ireland will have access to College membership benefits, such as our fantastic elearning, which will be particularly beneficial for them in preparing to enter or re-enter the NHS GP workforce.

If you are on a relevant scheme or programme and would like to apply for membership, please complete the form overleaf.

HOW TO APPLY

TITLE	INITIALS	FORENAMES	
SURNAME		□ MALE □ FEMALE	DATE OF BIRTH / /
PLEASE INDICATE W	HICH IS YOUR PREFERRED MAILING	ADDRESS: HOME ☐ WORK ☐	
HOME ADDRESS			
	CITY	COLINTY	POSTCODE
			TOSTOODL
WORK ADDRESS (i	f applicable)		
	CITY	COUNTY	POSTCODE
TEL	MOBILE	EMAIL	
YOUR GMC REGIS	TRATION STATUS		
☐ I confirm that I am	on the GMC/IMC Register and have b	peen since / / / /	
My registration is:	FULL PROVISIONAL G	MC/IMC Number:	
☐ I confirm that I have	ve no outstanding complaints, underta	kings or governance issues with the GMC,	IMC or PCO
If you are a current member of another Royal Medical College, please provide details:			Member No.
☐ I confirm that I am	undertaking an induction and refreshe	er scheme/programme and enclose the su	pporting evidence to confirm this
** Associateship is available to G	GMC registered medical practitioner on GP Register who leads to the common of the comm		ssment.

DATA PROTECTION

As part of our commitment to improving the service we offer to members, we wish to contact new members within 12 months of joining to obtain feedback on their early experiences of membership. If you consent to be contacted in future to provide feedback via a single, short phone call, please tick here.

RCGP processes its members' data (including any sensitive personal data) in accordance with the Data Protection Act 1998. RCGP collects information about its members from this membership application form, from publicly-available sources such as the GMC and from additional information provided by

members where they access and use the RCGP website.

RCGP (including its Faculties and regional offices) uses information about its members for the administration of its membership systems and to assist in the revalidation of members as general practitioners. That data we collect from you may also be transferred to and processed at a destination outside the European Economic Area. By submitting your data to us you agree to this transfer and processing.

RCGP may use members' information to

offer members access to preferential offers or professional services. As part of "RCGP PLUS" it may also share members' information with its premises and service partners such as Searcys to provide information about RCGP products and services such as conferences, accommodation and other products and services it considers would be of interest to members. RCGP members are encouraged to use the RCGP website to update their information and preferences via their RCGP account at www.rcgp.org.uk, selecting the information and services they wish to receive, to opt out of mailings, and to learn more about how RCGP would like to use their information.

I hereby give an undertaking that I will continue approved postgraduate study if I enter and remain in active general practice, and that I will uphold and promote the aims of the College to the best of my ability. I certify that to the best of my knowledge the information given in this application form is accurate.

	DATE: \(\bigcap / \(\bigcap \)
SIGNATURE:	