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**Expression of Interest**

**New to Practice Scheme**

**Having read the accompanying information if you wish to know more about joining the Derbyshire New to Practice Scheme then please complete the following:**

|  |
| --- |
|   |
| **Full Name** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **GMC number** |  |
| **Current employment status:** | * [ ] Current GP ST3 Reg. looking for base practice
* [ ] Current GP ST3 Reg. with job offer
* [ ] Currently in GP role

Name of training practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of employing practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of CCT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Number of clinical sessions per week in GP role are (or will be):**  | * No. of sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Main GP Role is (or will be):** | * [ ] Partner
* [ ] Salaried
* [ ] Portfolio
* [ ] Locum
* [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  |
| **Have you spoken to someone at GPTF re the New to Practice scheme?** | * [ ] Yes - if so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [ ] No
 |
|  |
| **Further information**If there is any further information you would like sending via e mail or if you would like an informal telephone conversation then please add a brief note below and we will get back to you. |
|  |
| **Signed:****Date:**  |

In conjunction with:

**Please send completed form to** **ddlmc.gptf@nhs.net** **and cc to** **gail.walton@nhs.net**

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