**A close up of a logo

Description automatically generated**

**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**](mailto:ddlmc.gptf@nhs.net) **and cc to** [**gail.walton@nhs.net**](mailto:gail.walton@nhs.net)

Watch our websites [**https://gptaskforce.com**](https://gptaskforce.com/) and [**https://www.derbyshirelmc.org.uk**](https://www.derbyshirelmc.org.uk)

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