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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 SCHEMEI 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 ADVISERI 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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