**GP JOINING THE PRACTICE:**

|  |  |
| --- | --- |
| **Start Date**  |  |
| **GP name****Gender****GMC No.** |  |
| **Job role (partner, salaried, locum…)** |  |
| **Previously a GP partner in England:** *New partners who have previously not been a partner in England are eligible for New to Partnership Payment Scheme. Details at:* [*england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/*](https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/) | **Yes/No**  |
| **Date completed GP Training:***(newly qualified GPs will benefit from Somerset New to Practice Fellowship programme.*  |  |
| **Practice name**  |  |
| **Number of Sessions** |  |
| **Email address of new GP** |  |
| **Require new SGPET membership?Transferring membership from a leaving GP?Membership not required?***(Please delete above as appropriate)* |  |

 **GP LEAVING THE PRACTICE:**

|  |  |
| --- | --- |
| **Leaving date** |  |
| **GP name****Gender****GMC No.** |  |
| **Job role (partner, salaried, locum…)**  |  |
| **Reason (retired, moved to new practice …)** |  |
| **Name of new practice**  |  |

Please return the completed form to somersetlmc.office@nhs.net