**CARE Programme: Expression of Interest Form**

**National Cohort**

**To register for a place on the upcoming CARE Programme, please complete the below form and send a copy of this document to** **care@napc.co.uk**

**Course dates:**

|  |  |  |
| --- | --- | --- |
| **Module** | **Date** | **Time** |
| **1** | Tuesday 23rd January  | 12.30 - 14.30 |
| **2** | Tuesday 30th January | 12.30 - 14.30 |
| **3** | Tuesday 6th February | 12.30 - 14.30 |
| **4** | Tuesday 13th February | 12.30 - 14.30 |
| **5** | Tuesday 20th February | 12.30 - 14.30 |
| **6** | Tuesday 27th February | 12.30 - 14.30 |
| **7** | Tuesday 5th March | 12.30 - 14.30 |
| **8** | Tuesday 12th March | 12.30 - 14.30 |

**Your Details:**

|  |  |
| --- | --- |
| **Full name** |  |
| **Email**  |  |
| **Telephone** |  |
| **Job title / role** |  |
| **Name of your organisation / practice / PCN** |  | **Locality of your organisation / practice / PCN** |  |

**Manager Approval:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you discussed and got the support of your manager to participate in the CARE Programme?** | **Yes****No** | **Manager’s Full Name** |  |
| **Manager’s Email**  |  |

**Additional Information:**

|  |  |  |
| --- | --- | --- |
| **Please confirm you are available to attend all 8 CARE modules.** | **Yes****No** | **If no, please provide more information:** |
| **Please confirm you have access to a computer / laptop / mobile device with a working microphone and camera.** | **Yes****No** | **Please confirm you have access to a private space to work from during the CARE modules.** | **Yes****No** |
| **Supporting information** (optional)  |  |

Please note, upon registering for a place on the CARE Programme you will automatically become an NAPC Member and receive email updates on the work NAPC is doing.