**NOTIFICATION OF GP CHANGES**

**GP JOINING THE PRACTICE:**

|  |  |
| --- | --- |
| **Start Date** |  |
| **GP Name**  **Sex:**  **GMC No** | **M/F** |
| **Type (partner, salaried, locum, retainee, non-clinical partner)** |  |
| **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:**

|  |  |
| --- | --- |
| **End Date** |  |
| **Name**  **Sex:**  **GMC No** | **M/F** |
| **Type (eg. partner, salaried, locum)** |  |
| **Reason (eg. retired, moved to new practice)** |  |
| **Practice name** |  |

Please return the completed form to [somersetlmc.office@nhs.net](mailto:somersetlmc.office@nhs.net)