**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