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# Expression of Interest Form GPN CARE Programme

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| --- | --- |
| **Name**  |  |
| **Practice Name** |  |
| **Primary Care Network and CCG area** |  |
| **Email address** |  |
| **Contact number**  |  |
| Employment status | * [ ] More than 20 years qualified
* [ ] More than 15 years qualified
* [ ] More than 5 years qualified
* [ ] Up to 5 years post qualification
 |
| Current Role | * [ ] Practice Nurse
* [ ] Nurse Practitioner
* [ ] Advanced Nurse Practitioner
* [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Have you discussed and got the support of your Practice and/or PCN  |  |
| Please confirm you can attend all webinars on the scheduled dates |  |
| Cohort preference | April 16th [ ] June 11th [ ]  |
| **Supporting information** *(please include a short summary of what you want to get out of the GPN CARE programme)* |
|  |

**Please send this completed form to** cari.jones@nhs.net **by 31.01.21**