# 

# Expression of Interest Form GPN CARE Programme

|  |  |
| --- | --- |
| **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**