

APPLICATION FOR MEMBERSHIP OF  
GENERAL PRACTITIONER RETAINER SCHEME

**SECTION A:**  
**To be completed by the Applicant**

1. NAME: \_\_\_\_\_

2. DATE OF BIRTH: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

\_\_\_\_\_

4. TELEPHONE: \_\_\_\_\_

5. EMAIL: \_\_\_\_\_

6. QUALIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. GMC NUMBER: \_\_\_\_\_

8. LAST MEDICAL JOB

(details and dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. REASON FOR APPLICATION AND GENERAL INTENTIONS FOR YOUR MEDICAL CAREER:

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10. ANY CURRENT MEDICAL OR PROFESSIONAL COMMITMENTS:

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11. I undertake, if accepted as a member of the Scheme, to:

- maintain registration with the General Medical Council
- maintain membership of medical defence organisation
- take a recognised professional journal
- attend at least 28 hours of education time per year to include educational supervision of three hours by the practice educational supervisor.
- Work at least 1 session per week (allowing for holidays and statutory days).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION B:  
To be completed by the Director of Postgraduate General Practice Education**

Dr \_\_\_\_\_ has been accepted for membership of the General Practitioner Retainer Scheme, from the first day of \_\_\_\_\_ to the last day of \_\_\_\_\_.

I authorise the payment of £300.00 to Dr \_\_\_\_\_ as the annual retainer for membership of the Scheme.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_