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| **PERIODS OF SICK LEAVE WILL COUNT TOWARDS 5 YEARS ON THE SCHEME IF THE RETAINER SCHEME DOCTOR CONTINUES TO BE EMPLOYED BY THE PRACTICE DURING SUCH PERIODS.** | |
| **PART A – To be completed by the applicant.** | |
| NAME IN FULL: Click or tap here to enter text. | |
| ADDRESS: Click or tap here to enter text. | |
| PRACTICE: Click or tap here to enter text. | |
| DATE COMMENCED SICK LEAVE: Click or tap to enter a date. | |
| DATE INTENDED TO RETURN TO PRACTICE: Click or tap to enter a date.  (If this date later differs please can you inform this department) | |
| REASON FOR GOING ON SICK LEAVE:  Click or tap here to enter text. | |
| RETAINE SIGNATURE: ………………………………………… DATE: ……………………  MENTOR SIGNATURE: ………………………………………… DATE: …………………… | |
| **PART B – To be completed by DPGPE Office.** |
| **I have noted the above and will inform Local Health Authority accordingly.**  ……………………………………………………………………….DATE: ………………………  **ASSOCIATE ADVISER, GP RETAINER SCHEME** | |
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