|  |  |
| --- | --- |
| SESSIONAL GP REQUEST FOR SHEFFIELD LMC REPRESENTATION |  |

Please complete the relevant section of this form as follows:

**Section 1**: Salaried GP working in a Sheffield GP practice.

**Section 2**: GP Trainee working in a Sheffield GP practice or on hospital rotation.

**Section 3**: Locum GP working regular sessions in one or more Sheffield GP practices, (ie a minimum of one session a week or equivalent over a twelve month period).

**Section 4**: Locum GP not working regular sessions in a Sheffield GP (£75 per annum fee applies).

**-o0o-**

**Section 1: Salaried GP**

Full name:

Practice name:

Practice address:

Email:

Are you on the National Medical Performers List?:

Contract end date (if applicable):

**-o0o-**

**Section 2: GP Trainee**

Full name:

Home address:

Email:

Date training commenced:

Date training due to finish:

Please indicate if you are working in a Sheffield GP practice or on hospital rotation:

Are you on the National Medical Performers List?:

**-o0o-**

**Section 3: Locum Working Regular Sessions**

Full name:

Primary practice name:

Primary practice address:

Email:

Name(s) of other practices worked at (if applicable):

Total number of sessions worked per week (on average):

Are you on the National Medical Performers List?:

Contract end date (if applicable):

**-o0o-**

**Section 4: Locum Not Working Regular Sessions**

Full name:

Home address:

Email:

Are you on the National Medical Performers List?:

Please ensure that your GMC number is quoted as the Payee Reference and make a payment of £75 to:

Account name: Sheffield Local Medical Committee

Account no: 25038109

Sort code: 54-41-44

Bank: NatWest

NB: Shorter periods of representation can be considered on request. Please contact the LMC office via the contact details below.

**-o0o-**

**Please email your completed form to** [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk)

If you are a GP working in Sheffield who does not fall into any of the above categories, have any queries regarding completion of the form or require any further information, please contact the LMC Administrative Assistant via [adminassistant@sheffieldlmc.org.uk](mailto:adminassistant@sheffieldlmc.org.uk).