**Supervisor Retirement Form**

NB Please specify dates for each position/role the doctor is retiring/resigning from

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Retirement:** | **Please tick relevant boxes** | **Date of Retirement (please complete** **for each role Dr retiring from)** | **Full name of Doctor** |  |
| **Retiring as GP educational / clinical supervisor** |  |  | **Practice Name**  |  |
| **Retiring as F2 Supervisor** |  |  | **Doctor’s Telephone and mobile** |  |
| **Retiring as Retained Dr Supervisor** |  |  | **Doctor’s work** **Email address** |  |
| **Retiring as OOH Supervisor** |  |  | **GMC Number** |  |
| **Retiring from Practice** |  |  | **NACS Code** |  |
| **Reason for Retirement** |  |
| **Practice Address** |  |
| **Practice Telephone and email** |  |
| **Address where contact can be made in future if retiring from the Practice** |  |
| **New contact email address** |  |
| **Patch Associate Dean** | Name: Date: |
| **Report Approved by PCSB** | Head or Deputy Head of School of Primary Care Date: |