To register your interest in being part of the **Support for General Practice focus groups**,

please complete the form below and return to info@gpmplus.co.uk by 26 August

|  |  |
| --- | --- |
| Name |  |
| Practice (or Locum) |  |
| Place |  |
| Role |  |
| Email address  |  |
| Phone number  |  |

*This information will be stored by GPMplus on the secure fishbase portal. Our privacy notice can be found* [*here*](https://gpmplus.co.uk/elementor-1040/)