

RETURN TO PRACTICE

Please complete this form in **black ink** and **BLOCK CAPITALS**

1 APPLICANT DETAILS

Full name:

Date of birth (dd/mm/yyyy):/...../.....

Professional/Statutory Body and Registration/PIN Number: Expiry date:

2 CURRENT EMPLOYMENT DETAILS

Present post:

Work/Base address:

.....

.....

Organisation/NHS Trust:

Contact telephone:

Please state the clinical speciality you would prefer for your practice placements:

.....

Please tick to indicate the length of time you have been out of practice:

Break in practice (years)	Minimum hours practice required in clinical placement	Please tick
5 to 9	75	
10 to 14	100	
15 to 19	125	
20 or more	150	

Please tick to indicate your preferred choice of practice placement from the following:

- North Tees and Hartlepool NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust