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**Primary Care Support England**

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| **Application for reimbursement of Professional Defence Union Subscriptions** |

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| **Name and Address of Practice** |  |
| **Practice Code:** |

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| **Application by Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for reimbursement of the subscription**  **costs of a recognised Professional Defence Union in respect of GP Registrar, Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Declaration by GP Registrar**  I hereby confirm I am applying for reimbursement of the subscription in the sum of £ \_\_\_\_\_\_\_\_\_  for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Application by Trainer**  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trainer’s Name in Block Letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please send signed and completed forms by email to Primary Care Support England:** [**lasca.payments@nhs.net**](mailto:lasca.payments@nhs.net)  **The subject line of your email should state: GPR expenses and relevant county (i.e. Berkshire) as appropriate.** |