**Expression of interest**

**Primary care collaborative sub committee – GP provider group clinical representative**

Please completed the below form outlining why you are applying for the role, including your relevant experience and send to **nelondon.nel-primarycare@nhs.net** **by 5pm 4 September 2024.**

**Please ensure the Expression of Interest is entitled as follows as only emails with this title will go forward - Expression of Interest Primary Care Collaborative**

|  |  |
| --- | --- |
| Name:  |  |
| Contact email: |  |
| Contact number:  |  |
| Main NEL Practice Name and Address |  |
| Details:(600 words max) |