**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**](mailto: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) | |