**Healthy Practice Programme – Expression of Interest Form**

Before completing this form please visit the programme webpage and read the brochure [here](https://gpmplus.co.uk/healthy-practice-programme/)

**General information**

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| --- | --- |
| **Main contact’s name** |  |
| **Main contact’s role** |  |
| **Practice name** |  |
| **Practice place/locality** |  |
| **Practice population (approx.)** |  |
| **Number of practice staff** |  |
| **Number of practice sites/branches** |  |

**Reasons for interest in the Healthy Practice Programme**

*Please read the ‘about the programme’ section of the brochure*

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| **What is the practice hoping to achieve from the Healthy Practice Programme? EG improved staff wellbeing, change in culture, improved processes** |  |
| **Has the practice recently gone through any significant changes? EG practice merger, change of management** |  |

**Programme commitment**

*Please read the ‘schedule’ and ‘commitment’ section of the brochure*

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| **Has enrolment in the Healthy Practice Programme been agreed and committed to by the Practice Partners?** |  |
| **Is the practice happy with the time commitment and programme schedule (described in the brochure)?** |  |
| **Is the practice willing to engage in the culture survey and temperature checks?** |  |
| **Who will make up your Healthy Practice Team? Please provide the roles and names (see commitments section of flyer)** |  |

**Please return this form to** **info@gpmplus.co.uk** **by 28 July 2023**