**Proforma for GP Fellowship Programme**

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| --- | --- |
| Practice Name |  |
| Practice Address |  |
| Practice Telephone |  |
| Practice Website |  |
| Named Contact for GP Fellowship |  |
| List Size |  |
| Number of GP Partners |  |
| Number of other GPs |  |
| Number of Nurse Prescribers |  |
| Number of Nurses |  |
| Number of Health Care Assistants |  |
| Number of other Practice Staff |  |
| Type of Area, Rural, Urban etc. |  |
| Special Interests within the Practice |  |

Overview of the Practice (no more than 250 words)