HEE 20/21 RTP Enhanced Offers Expression of Interest Form

To register your interest please complete and return via email to [returntopractice.wm@hee.nhs.uk](mailto:returntopractice.wm@hee.nhs.uk)

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| Name of Organisation |  |
| Full Organisation Address |  |
| RTP Lead/Contact details:  -Name  -Job Title  -Email Address  -Phone Number |  |
| Second RTP Contact Details:  -Name  -Job Title  -Email Address  -Phone Number |  |
| Description of the post and branch of nursing the returnee would be filling  (a brief job description) |  |
| The number of posts for LD/MH and cancer nursing your organisation hopes to recruit |  |