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

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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 |  |