

Expression of interest:

Participation in workshop training to

build capacity to improve person centred care in General Practice

General Practices are required to complete this form when submitting expressions of interest to participate in EMPHN programs.

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| **PRACTICE DETAILS** |
| **Practice Name:**  |   |
| **Address:** |  |
| **Suburb:** |  |  |  | **Postcode:** |  |
| **Phone Number:** |  | **Fax Number:** |  |
| **APPLICANTS DETAILS** |  |  |  |
| **Name of person making application:** |  |  |  |
| **Applicants position:** |  |  |  |
| **Phone Number:** |  |  |  |
| **Email Address:** |  |  |  |
| **Details of the best time and days to be contacted to discuss this application.** |  |  |  |
| **In a short paragraph, describe how the practice will support the nurse to complete the training and embed the new skills into practice.** |  |  |  |

Please complete and email to Hayley Compton hayley.compton@emphn.org.au by COB Mon April 23