



CARE Programme: Expression of Interest Form

To register for a place on the upcoming CARE Programme, please complete the below form and send a copy of this document to care@napc.co.uk

Course dates:

Module	Date	Time
1		
2		
3		
4		
5		
6		
7		
8		

Your Details:

Full name			
Email			
Telephone			
Job title / role			
Name of your organisation / practice / PCN		Locality of your organisation / practice / PCN	

Manager Approval:

Have you discussed and got the support of your manager to participate in the CARE Programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Full Name	
		Manager's Email	

Additional Information:

Please confirm you are available to attend all 8 CARE modules.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide more information:	
Please confirm you have access to a computer / laptop / mobile device with a working microphone and camera.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please confirm you have access to a private space to work from during the CARE modules.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting information (optional)			

Please note, upon registering for a place on the CARE Programme you will automatically become an NAPC Member and receive email updates on the work NAPC is doing.



Connected



Authentic



Resilient



Empowered