

## **Professional Support Programme**

Name:

GMC Registration Number:

Speciality:

Position (delete as appropriate):

Foundation Year Trainee / Junior Doctor Trainee / Staff and Associate Specialist / General Practitioner / Consultant / Medical Academic / Public Health

Place of work:

Place of qualification:

Do you wish to provide professional support, or are you seeking help and advice? (delete as appropriate)?

Special interests:

Contact details (preferably e-mail address):

**For any queries about this scheme please contact Dr Charlotte Benjamin**

**[charlottebenjamin@hotmail.com](mailto:charlottebenjamin@hotmail.com)**

**Please return completed forms by post to Jewish Medical Association (UK), PO Box 38278, LondonNW3 4YG**