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**Enabling patients to walk through one door. Achieving parity between mental and physical health**

**The MaP project**

**Application form to attend a North West London Multiprofessional Collaborative Learning group**

**Please complete and return to this form to** **junedavis@alliedhealthsolutions.co.uk**

**Places will be allocated on a first come first served basis and are limited for each group. Your place will be confirmed on receipt of your application.**

|  |  |
| --- | --- |
| Name |  |
| Post |  |
| Agenda for Change Band or Equivalent |  |
| Organisation |  |
| Work base |  |
| Type of work | E.g. Acute/Community please describe |
| Email address |  |
| Telephone contact |  |
| Name of Supervisor/team lead |  |
| Email address |  |

**Based on the dates detailed in the programme information, please indicate the Multiprofessional Collaborative Learning Group you would like to attend.**

|  |  |
| --- | --- |
| **Group** | **Please tick the MCLG you wish attend** |
| Brent and Harrow |  |
| Ealing |  |
| Hammersmith and Fulham |  |
| Hillingdon |  |