

@UHLSchoolIN\_M

## UHL Return to Practice Expression of Interest

**Name:**.....  
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**Address:**.....  
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**Contact Telephone Number/s:**.....

**Email:**.....  
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**Previous Nursing Experience** (please include speciality, last registration date, reason for leaving/lapsing):.....  
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**Have you discussed your situation with the NMC?**    Yes     No

**Are you aware of the different routes to Return to Practice?**    Yes     No

**Which route are you considering?**    HEI     OSCE     Unsure     Advice Needed

**Have you completed a CBT?**    Yes     No

# School of Nursing and Midwifery Practice

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**Any additional relevant information:**.....

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Please return this form via email to; [dominique.shearer@nhs.net](mailto:dominique.shearer@nhs.net) and [richard.may8@nhs.net](mailto:richard.may8@nhs.net)