



National GP Intern Trainers Group

MEMBERSHIP APPLICATION FORM

*Please complete in **BLOCK CAPITALS***

First Name & Surname	
MCRN	
Intern Training Network	
Phone Number	
Email address	
Address (or Practice Stamp)	
Eircode	

I wish to apply for membership of National GP Intern Trainers Group.

I give permission for NGIT Group to process and hold my data in accordance with General Data Protection Regulations and for Representatives to contact me regarding trainer issues.

Signed: _____

Completed forms can be emailed to: gpinterntrainers@gmail.com

*Or posted to **c/o Dr Mike Thompson,
National GP Intern Trainers Group,
Imokilly Medical Centre,
Unit 3/5A Distillery Lanes
Midleton,
Co. Cork
P25V180***