**Allied Health Profession: Supporting Return to Practice across the East Midlands**

**Returnee information**

Full Name:

Present location (Town/City)

Date of Birth:

Gender:

AHP Profession:

Previous HCPC Number (If known):

Date Qualified:

Date left the register:

Date last practiced:

Speciality within your profession:

Were you working for the NHS when you stopped practicing?

What Grade/Position were you when you decided to stop practicing?

Reason for leaving:

Why have you decided to return to Practice?

Do you plan seeking employment in the East Midlands once you return to the HCPC register? Yes or No

Where did you hear about the HEE AHP Return to Practice programme?

Thank you for providing this information. The information will be used to analysis the success of the project and during the compilation of any reports. All information provided will be anonymised.

Please return completed forms to [p.chapman1@nhs.net](mailto:p.chapman1@nhs.net)