



**The  
Maryhill  
Group  
Practice**

Dr R Lockhart  
Dr K Cattanach  
Dr G Taylor  
Dr V Thomson  
Dr A MacGregor

Elgin Health Centre, Maryhill, Elgin, IV30 1AT  
Roths Medical Centre, High Street, Roth's, AB38 7AT

**Advanced Nurse Practitioner Application Form – The Maryhill Group Practice**

**1. Personal Details**

Full Name:

Address:

Telephone:

Email:

NMC PIN Number:

**2. Eligibility to Work in the UK**

Are you eligible to work in the UK?   ☐ Yes   ☐ No

If No, please provide further details:

**3. Professional Registration**

Are you currently registered with the Nursing and Midwifery Council (NMC)?   ☐ Yes   ☐ No

Date of initial registration:

NMC Sub-Part(s) & Field(s) of Practice:

**4. Education and Qualifications**

Please list relevant qualifications in chronological order, starting with the most recent.

Qualification	Institution	Dates Attended	Grade/Outcome
<b>MSc Advanced Practice</b>			
<b>Independent Prescribing</b>			
<b>BSc Adult Nursing (or equivalent)</b>			
<b>Any other relevant training</b>			



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### 5. Employment History

Please provide details of your employment history for the last 10 years, starting with your current or most recent post.

Job Title	Employer	Dates Employed	Responsibilities/Experience Gained	Banding / Pay scale

### 6. References

Please provide details for two professional references, one of whom should be your current or most recent employer.

Referee 1	
Name	
Position	
Email	
Telephone	
Referee 2	
Name	
Position	



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Email	
Telephone	

## 7. Supporting Statement

Please provide a supporting statement outlining your motivation for applying, your understanding of the ANP role in General Practice, and how your previous education, training, and experience prepare you for this post.

Your statement should specifically reference:

- Completion or progression toward a Master's degree in Advanced Practice
- Any relevant community experience
- Independent Prescribing qualification
- Any specialist clinical training (e.g., minor illness, chronic disease management, triage)
- Leadership, autonomous decision-making, and multi-disciplinary working experience
- Commitment to continuing professional development (CPD)

**Supporting Statement:**



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#### 8. Declaration

I declare that the information I have provided in this application is true and complete to the best of my knowledge.  
I understand that any false statement may disqualify me from employment or lead to dismissal.

Signature:

Date:

Please return form to Mrs Eileen Rae, Practice Manager

Email: [eileen.rae@nhs.scot](mailto:eileen.rae@nhs.scot)

Or by mail to

Eileen Rae  
The Maryhill Group Practice  
Elgin Health Centre  
High St  
**ELGIN**  
IV30 1AT