



If you have a heart to make a real difference to your local GP practice(s), their teams, their patients, your community, and you share our passion for this mission, we would love to hear from you.

Please complete this form and email us at team@nlpforhealth.org and we'll be in touch.

FIRST NAME

SURNAME

EMAIL

CONTACT NUMBER

WEBSITE

LOCATION

QUALIFICATIONS

EXPERIENCE

PLEASE SHARE WHY YOU'RE KEEN TO BE INVOLVED IN THIS PROJECT

We're really looking forward to connecting with you.

#supportyourGP

#NLPforhealth