

**Network Contract DES Registration Form**

This registration form sets out the information required by the commissioner for any GP practices within primary care networks signing-up to the Network Contract Directed Enhanced Service.

The completed form is to be returned to [insert name] by [insert method of sending] to be received no later than 15 May 2019.

**PCN members and ODS code**

|  |  |  |
| --- | --- | --- |
| Network Member Practices | ODS code | Practice’s registered list size (as at 1 January 2019) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PCN list size**

|  |
| --- |
| [This is the sum of member practice’s list sizes as at 1 January 2019] |

**Name of Clinical Director**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Job Title | Practice/organisation | Contact Email Address |
|  |  |  |  |

**Details for PCN’s nominated payee**

|  |
| --- |
| Name of single nominated practice or provider (‘nominated payee’): |
|  |
| Name of bank account (if different to above) | Account number | Sort code |
|  |  |  |

**Map of Network Area**

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|  |

**Appendix A: Initial Network Agreement**