**Annex A**

**Expression of interest – Additional Winter Capacity 2021/22**

**Practices are requested to confirm whether they wish to apply for additional capacity funding for the period December 2021 – 31st March 2022.**

The funding will reimburse 100% of the total cost (salary / sessional fee & on-costs) of either additional posts appointed or additional hours worked by existing post holders.

These sessions / additional hours MUST be additional to normal hours/sessions worked prior to 1st December

|  |  |
| --- | --- |
| **Practice Name** |  |
| **W Code** |  |
| **Senior partner** |  |
| **Practice Address** |  |
| **Contact name, email and telephone number for queries** |  |
| **List Size @ 1st October 2021** |  |

I/we wish to apply for additional capacity funding

I/we DO NOT wish to apply for additional capacity funding

Name:………………………………………………………………………..

Signature……………………………………………………………………

Date……………………

**Please return this form by Friday 14th January 2022 to :**

Health Boards to complete local detail

**Failure to respond by the above date will be assumed to be a statement that the practice DOES NOT wish to apply for funding.**