**Scottish National Residential Pain Management Programme**

**Visit request form**

Thank you for enquiring about visiting the SNRPMP and the team at Allander House. We want to make sure that a visit to our service will meet any specific objectives that you may have. To help us to do this we would be grateful if you would complete and return this form to Scottish.PMP@ggc.scot.nhs.uk

|  |  |
| --- | --- |
| **Name:** | **Profession:** |
| **Work address and Health Board:** |
| **E–mail address:** | **Phone number:** |
| **Please give a brief outline of your role:**  |
| **Availability** – please circle the days that would be most suitable for you to visit Allander House

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

 |
| **What are your aims and objectives of a visit to the SNRPMP?** |
| **Have you discussed this visit with your line manager and do they support the visit?**Yes/No |

Thank you.

We will contact you again to discuss the details of your visit to us.