**Scottish National Pain Management Programme**

**Visit request form**

Thank you for enquiring about visiting the SNPMP 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@nhs.scot

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| **Name:** | **Profession:** |
| **Work address and Health Board:** | |
| **E–mail address:** | **Phone number:** |
| **Please give a brief outline of your role:** | |
| **Availability** – please list what days of the week you are available to visit Allander House: | |
| **What are your aims and objectives of a visit to the SNPMP?** | |
| **Have you discussed this visit with your line manager and do they support the visit?** | |

Thank you.

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