**Names and contact details of professional/clinical associations [as at \_\_/\_\_/\_\_\_\_]**

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| **Activity** | **Organisation**  | **Membership/Account #** | **Contact**  | **Comment** |
| **Professional association(s)** |  |  |  |  |
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| **Board membership(s)** |  |  |  |  |
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| **Journal subscription(s)**  |  |  |  |  |
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| **Supervision responsibilities**  |  |  |  |  |
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| **Teaching responsibilities**  |  |  |  |  |
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| **Peer Review Chair** |  |  |  |  |
| **Other regular clinical/professional commitments** |  |  |  |  |
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| **Activity** | **Organisation**  | **Membership/Account #** | **Contact**  | **Comment** |
| **Hospitals with admitting rights** |  |  |  |  |
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| **Local community health centres**  |  |  |  |  |
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| **Local pharmacies** |  |  |  |  |
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| **GPs from whom patients are regularly referred** |  |  |  |  |
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