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| --- | --- | --- | --- | --- |
| Mastercall Healthcare | | | | |
| International House, Pepper Road, Hazel Grove, Stockport, SK7 5BW | | | | |
| Tel 0161 476 0400 (Admin line only) | | | | |
| Email [mahe.mastercalloffice@nhs.net](mailto:mahe.mastercalloffice@nhs.net) | | | | |
| **Masterclass/Training Event COVER REQUEST FORM** | | | | |
| This form is to be used to request ad-hoc in hours cover. | | | | |
| **EMAIL REQUEST TO MASTERCALL mahe.mastercalloffice@nhs.** | | | | |
|
| Name of Practice: |  | | | |
| **Practice email address for cover confirmation** |  | | | |
| Day/s and Date/s when cover required: |  | | | |
| Type of cover required | |  |  |  |
|  | | Tick | Start time | End Time |
| Full cover | |  |  |  |
| Answering service | |  |  |  |
| Name of Doctor on call for answering service | |  | | |
| Telephone number for Doctor on call | |  | | |
| **Please only use this form for ICB/ Locality funded educational events.** | | | | |
|
| Date Request Sent |  | | | |
| Signed |  | | | |
| Name |  | | | |