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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  |
|  **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 |    |