

H. NICHOLLS
C. P. GRAY
A. C. KNAPMAN
J. J. BRAND
P. A. BEASLEY

Tel: 83333

CPG/FMH

SO F. P. C.
- 6 MAR 1980
RECEIVED

The Surgery,

Code A

4th March, 1980.

Mr. G.D. Hayne,
Administrator,
Hampshire Family Practitioner Committee,
Friarsgate,
WINCHESTER, Hants.
SO23 8EE.

Dear Mr. Hayne, re: Dr. Jane Barton.

I am writing to confirm that we shall be taking Dr. Barton into partnership on the 1st April. I enclose herewith various completed forms, for your kind attention.

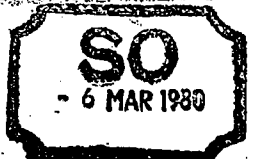
For the time being Dr. Barton will not be applying to go on the obstetric list.

Yours sincerely

Code A

C.P. Gray.
M.B., CH.B., D.A., D.R.C.O.G.

*See
ll*



APPLICATION FOR INCLUSION ON MEDICAL LIST

To the FAMILY PRACTITIONER COMMITTEE OF THE Hampshire AREA HEALTH AUTHORITY

I D. Jane Ann BARTON (~~male~~/female* - date of birth 11/1/48)
residing at Code A **Code A**

a registered medical practitioner included on the Medical Register in that name and having the following medical qualifications, namely MA BM BCH

apply to be included on the list of doctors undertaking to provide -

- general medical services
 - ~~excluding~~
 - including
 - limited to
 } maternity medical services,
- ~~excluding~~
 - including
 - limited to
 } contraceptive services-
 - (a) ~~excluding~~ } the fitting of intra
 - including } uterine devices,
 - (b) ~~restricted~~ } to patients to
 - not restricted } whom I provide other
 - personal medical services,

for persons in the Committee's area, and, if my application is granted, I accept service under, and agree to be bound by, the terms of service for the time being in operation in that area.

My present or most recent appointment is/was Assistant to Drs Nicholls, Gryn, Krapman
Brand & Beasley Code A

I intend to practise in partnership with D. Nicholls Gryn Krapman Brand
& Beasley 148 Forton Road Gosport Hants PO12 3HH (name and address)

who is * is not * on the Committee's medical list (state NO-ONE if not intending to practice in partnership)

*I have applied to the Local Obstetric Committee for approval of my obstetric experience.
*I intend to apply

If my application is granted -

a. my practice area and my surgery hours will be :-

Practice Area	Practice Premises	Days and Hours of Attendance
GOSPORT BOROUGH	Code A	Monday to Friday 9.00 a.m. to 12.30 p.m. Monday afternoon 2.00 p.m. to 3.30 p.m. Friday afternoon 1.45 p.m. to 3.00 p.m.

b. telephone number or numbers at which I am prepared to receive messages :- GOSPORT Code A
GOSPORT Code A 10

c. In addition, if I accept as a patient a person who at the time of my acceptance is residing at a place outside the said practice area, I undertake to visit him at that place.

Signed Code A
Date 29-2-80

*Delete as appropriate
†Define as precisely as possible.